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ABSTRACT

Results are reported from a study designed to determine what kinds of additional parent education and support services, if any, are needed in the community of Edmonton, Alberta, Canada. Following a brief introductory chapter of the study's overview, chapter 2 specifies the study's parameters and reviews the literature pertaining to the various kinds of parent education options and their relative benefits. Chapter 3 outlines the research methods and describes the samples of parent education agencies, professionals, and parents who participated in the survey. A description of parent education services in Edmonton during the period of July 1981 to July 1982 is presented in chapter 4. The next chapter examines the need for additional parenting education as identified by parent education agencies, professionals, and parents, and discusses factors affecting the accessibility and attractiveness of parent education services in Edmonton. Chapter 6 clarifies who has the jurisdiction to ensure the provision of required parent education services and to fund these services. Finally, chapter 7 summarizes the research findings and presents recommendations for future directions. Related materials, including forms of questionnaires used, charts, and data tables are appended. (MP)

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PARENT EDUCATION PROGRAMS AND SUPPORT SERVICES IN EDMONTON

Prepared for the Edmonton Catholic School Board
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Branch of Alberta Education

Prepared by the
Edmonton Social Planning Council

Fall, 1982

82-17

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We hope this report will assist in the planning and development of parent education services in Edmonton.

Beverly Zubot, Principal Investigator
Peter Faid, Director
EDMONTON SOCIAL PLANNING COUNCIL

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CHAPTER I

INTRODUCTION

For at least the last half century the importance of maintaining and enhancing family life has been a central tenet of the Alberta social welfare system. In recent years a growing concern about the number of children who are being taken into care, the rising number of reported incidents of the physical abuse of family members, and the rapidly increasing rate of divorce in the province, have reinforced the belief that a preventive program of parenting education had much to contribute to the achievement of this fundamental social welfare goal.

In Edmonton parenting education services have been provided by a variety of government departments and voluntary agencies. However, seldom has the opportunity been taken to examine the existing programs in any detail to insure that any new services were addressing a clearly identified need. In 1981 both the provincial and the municipal governments expressed the view that as a result of "tighter times" additional funding for parenting education programs would be much more limited than it had been in the past.

As a consequence representatives of the major funders of parenting education programs - Alberta Social Services and Community Health, the Local Board of Health, Alberta Education, the City of Edmonton, the Edmonton Public School Board, and the Edmonton Catholic School Board - met to discuss a number of major issues concerning the future of parenting education in the city. From these discussions three important questions were identified:

- what additional parenting education programs or support services were required for the city in the next few years?
- who should be responsible for insuring that any additional programs or services were provided?
- who should be responsible for providing the funding for any additional programs or services?

Given the considerable complexity that these three questions involved, it was decided that a study of parenting education and support services in Edmonton should be carried out as soon as possible. A Steering Committee, representative of all of the major funders, was set up and the Minister of Education, Hon. David King, agreed to fund the study through one of the two school boards. The Steering Committee then approached the Edmonton Social Planning Council with a request that the Council undertake the necessary research and prepare a final report.

In its proposal, the Edmonton Social Planning Council outlined the objectives of the study. These were:

- to examine the provision of existing parenting education and support services in Edmonton
- to identify the perceived needs for parenting education and support services
- to clarify possible jurisdictional and funding responsibilities for the provision of additional parenting resources

The parameters of the study are more specifically defined in Chapter II. This chapter also reviews the literature pertaining to the various kinds of parent education options and their relative benefits. Chapter III outlines the research methods and describes the samples of parent education agencies, professionals, and parents who participated in the survey. A description of parent education services in Edmonton during the period, July 1981 to July 1982, is presented in Chapter IV. The next chapter examines the need for additional parenting education as identified by parent education agencies, professionals and parents. Chapter VI clarifies who has the jurisdiction to ensure the provision of required parent education services and to fund these services. The final chapter summarizes the research findings and presents recommendations for future directions.

CHAPTER II

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

In the following chapter we will first clarify the parameters of the study by defining the terms stated in the research questions: parent education, support services, types of parent education, and the perceived need for parent education and support services. The conceptual framework of the study was developed from the literature review, and discussions with several resource people from the fields of either education, health, or social services who were familiar with parent education in Edmonton.(1) After clarifying the parameters of the study we will then review the literature which gives the rationale for parent education, and describes the various kinds of parent education options and their relative benefits. We will also review the literature available on the jurisdiction and funding options.

A. Parameters of the Study

Definition of Parent Education. Surprisingly few definitions of parent education were found in the literature. A number of them are cited on the next page:

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1. The resource people were: Consultants, Parent Resource Unit; Associate Superintendent, Edmonton Public School Board; Head of Student Services, Edmonton Catholic School Board; Professor, Dept. of Sociology, University of Alberta; Professor, Family Studies, U of A; Counsellor, Pastoral Institute; Director Family Life Education Council; Director, Personal Development Centre; Social Planner, Edmonton Social Services; Local Board of Health.

> Parent education is the purposive learning activity of parents who are attempting to change their method of interaction with their children for the purpose of encouraging positive behavior in their children. (Croake and Glover, 1977)
>
> Parent education entails the use of educational processes and techniques to influence parental functioning. (Harman and Brim, 1980)
>
> Parent education is designed to impart knowledge to parents so as to improve the physical, emotional, social, and economic life and the family, emphasizing outcomes for children. (Sheldon White, 1972)
>
> Parent education teaches what parents of children can do to develop an effective set of child development strategies. (Coan, 1976)
>
> Parent education includes any type of educational program, involvement, or intervention designed to increase parental competence and self-esteem in the parenting role. (Education Commission of the States, 1976)

A number of resource people defined parent education:

> Parent education is any kind of program or service that would inform/educate and support parents in learning about their tasks as parents.
>
> Parent education is parents obtaining knowledge of children's behavior and adequate ways to cope with children and encourage them.
>
> Parent education is designed to give parents good information about parenting so they can make their own decisions. It includes professionals educating parents, as well as support services to parents (eg. conferences, promotional material, leadership training, etc.)

Notably the literature definitions of parent education focus almost solely upon parent education programs, where the emphasis is on educating and teaching. On the other hand, the resource people consulted stressed the importance of including other kinds of services which assist parents with their learning endeavors.

Consequently, for the purpose of this study, parent education refers to programs and support services designed to assist parents in learning about parenting. However, this definition does not encompass all of the means by which people could learn about parenting.

For instance, it does not include the informal means by which parents learn, or their consultations with professionals. Also it does not attempt to describe the educational mass media resources for parents, but it does examine what services exist or should exist to make educational resources for parents accessible. This study examines programs, and support services as defined next.

Parent education programs are systematically and conceptually based programs, intended to impart information, awareness or skills to participants on aspects of parenting (Fine, 1980). Parent education programs can be distinguished from other activities which impart information, awareness, or skills on parenting by the following features:

- the program is systematic (organized)
  - has a curriculum (which may be developed from the beginning with input from participants)
  - has a definite beginning and ending date
- lasts over an extended period of time, or lasts one evening or one day (1)
- is conceptually based
  - each session builds on the knowledge, skills, and awareness imparted at the previous session

Thus parent education programs do not include brief consultations with

---

1. Members of the Co-ordinating Committee for Parenting Agencies suggested the definition of Parent Education Programs be revised to include one evening or one day courses/workshops because a significant portion of parent education falls in this category.

professionals, parent support groups (self-help groups) which meet informally, or therapeutic groups for parents.

Support Services. In addition to educational programs, this study examines support services for parents, and parent educators. Support services for parents refers to any service that enables parents to participate as learners. Burton White, a well known parent educator has suggested the following services be provided for parents; library for parents, a place for parents to meet and talk to one another about their concerns as parents, distribution of pamphlets and newsletters, and a referral service for parents. Local parent educators have suggested that organizing conferences for parents, and assisting in the organization of parent self help groups are also necessary support services.

Support services for parent educators are services which assist in their role as educators. Some of the local parent educators and Burton White (1980) have emphasized that support services are necessary in order to improve the effectiveness and efficiency of parent education programs. They suggested parent educators should have easy access to; resource materials, professional training and consultations, plus up-to-date information on new resources, workshops and conferences.

Types of parent education services are differentiated by their:

a) educational approach
b) content
    i) theoretical approach
    ii) topics
c) target groups, and
d) factors affecting the accessibility of the service.

The various kinds of educational services will be described later when we review the literature pertaining to each of the above elements.

Need for Parent Education Services. A service is needed when an unsatisfactory condition exists without the service (Scriven and Roth, 1978). Using this definition then, the purpose of the study is to investigate what level of service is perceived as satisfactory, rather than ideal.

The need for a service may be operationally defined in four ways (Bradshaw, 1974):

a) Normative need is diagnosed by 'experts' who examine the discrepancy between the observed and desired standard (in this case, the satisfactory standard).

b) Felt need is something the intended recipients (in this case, parents) believe they want.

c) Expressed need for a service is evidenced by the number of participants and number of people on a waiting list of persons requesting the service.

d) Comparative need is identified by examining present services and comparing it to the services available to a comparable group.

This study examines the 'normative need' as perceived by parent educators and professionals who work with families, and the felt need of parents. The expressed need, i.e. the number of participant's and number of people on the waiting lists of programs is also obtained. A comparison of Edmonton's services to other cities was not undertaken because it goes beyond the objectives of the study.

B. Literature Review: Rationale for Parent Education

Parent education literature and groups have existed in North America for over a century but there was a significant increase during the 1960's and even more so in the 1970's (Croake and Glover, 1977). The growing popularity has largely been attributed to rapid changes in the family and society at large. There are now fewer opportunities to gain support and to learn from family and friends; due to the decline in family size and the extended family, plus an increase in mobility (Education Commission of the States, 1976:8; Crase et al, 1981). At the same time, changing roles and values have created ambiguity and uncertainty for parents. There are no clear guides for parents or past experiences to draw upon. This is particularly true for the growing number of single parents, parents in blended families and working mothers (Fine, 1980; Crase et al, 1981).

Some of the writers (Sherrets et al, 1980) suggest that the proliferation of parent education programs is a result of the increased attention given to child neglect and abuse in the last decade, and an acceptance of the belief that parenting is a learned skill. It is thought that child abuse and neglect is often related to a parent's poor knowledge of child development, unrealistic expectations of the child, and isolation from appropriate parenting models and resources. Notably, research has shown that only 10% of child abusers are psychologically disturbed (Wolf, 1981). In recognition of the fact that certain children are at risk, due to parent's lack of knowledge, the Canadian Standing Senate Committee on Health Welfare and Science

(1980) recommended that courses in parenting be promoted by all concerned with the welfare of children.

In the last two decades there has also been a growth in child development research, which has stimulated professionals to become involved in parent education activities, and prompted parents to seek the new "scientific knowledge". Burton White (1981), a well known proponent of parent education, argues that the knowledge provided to teachers about child development should also be available to parents because they are the first teachers of any child.

Changing roles and values, lack of support systems for parents, concern for child abuse and neglect and the growth in knowledge about child development have all been stated as rationales for parent education. But the common theme is that good parenting is of overwhelming importance to the positive development of a child. Whatever can be done to help parents to carry out their responsibilities will at the same time be likely to reduce future social problems.

C. Target Groups

The once typical two parent family with husband as the sole breadwinner is now one of many family types. Fine (1980:181) reported that in the United States only one-third of husband-wife families have husbands as the sole breadwinner, and 40% of the children spend part of their life in a one parent family usually with the mother as head. Most of these children spend some of their childhood in blended families.

A similar pattern exists in Alberta. In 1979, 27.4% of registered marriages in Alberta involved couples with one or both being divorcees. In addition, the recent Canada Census (1982) shows that 13% of the families in Edmonton are single parent families. According to Alberta's Vital Statistics Annual Reviews (1975 and 1976: 67, 69; 1979: 9-10), the number of infants born to single women has increased from 9.8% of total births in 1975 to 13.3% in 1979. Of the infants born to single mothers in 1979, 25% (1,453) were infants of mothers under nineteen.

Diversity in family types is now the rule rather than the exception. Each situation has its unique challenges thus there is a need for parent services to be flexible (Rapaport et al, 1977). Fine (1980) concludes from his research that the best results occur when the learning group is homogeneous.

Potentially, special services and parent groups could be developed for each type of parent. The following typology of parent groups was developed from discussions with local parent educators and the literature (Fine 1980):

1. Mothers, Fathers
2. Parents with children of ages:
    - prenatal
    - infant - 3 years
    - 4 - 5 years
    - 6 - 12 years
    - teen
3. Parents within different family situations:
    - single parent
    - parent of two-parent family
    - step-parent
    - non-custody parent
    - group home parent
    - foster parent
    - parent within communal family

4. Parents with:
    - low income
    - middle or high income
5. Teenage parents
6. Parents with exceptional children
    - learning disabled
    - emotional/behavior problem
    - mentally handicapped
    - physically handicapped
    - gifted
7. Parents prone to child abuse/neglect
8. Parents from ethnic groups:
    - Natives
    - new Canadians
9. Bereaved parents

In addition to the above types of parents, youth (future parents) have been seen as a potential target group for parent education. Parent education for youth began in the United States in 1972 (Fine, 1980; 275), and appears to be emerging in Canada. The Children's Aid Society of Metropolitan Toronto in co-operation with six School Boards (1981) surveyed the attitudes towards parenting courses of teachers and pupils in Toronto schools who were involved in courses relevant to parenting. Approximately 60 - 80% of the male and female teachers thought that preparation for parenthood courses should be required, whereas 66% of the female students and only 39% of the male students thought it should be required.

Fine (1980) evaluated a preparation for parenthood school programs in the United States and found it had only a slight effect on the attitudes and knowledge of students. Since the course was self-selected, students in most cases reinforced what was already in their repertoire. Thus he suggests parenting topics and basic living skills be incorporated in school classes that would have a more general appeal to students.

As noted earlier, youth are only one of many potential target groups for parent education. The literature review did not yield any studies which took a comprehensive look at the relative importance of targeting parent education to specific groups, but the literature does suggest that first-time parents with children under two require and seek the most information and support (Burton White, 1981; Pask, 1981; Stolz, 1967; Rapaport et al, 1977; Standing Senate Committee on Health, Welfare and Science, 1980). Crase et al (1981) found that next to expectant parents, parents of junior high and high school students expressed the greatest need for information, and parents with elementary school aged children expressed the least need for information. Similarly, Harman (1980) concluded from his literature review that parents tend to participate in programs in greater numbers when their children are very young, withdraw during elementary school years, and seek guidance and programs during the adolescent years.

Finally, the literature suggests that the actual participants in parent education programs have tended to be from the middle or upper social economic class (Bogel, 1974; Anchor, 1977; Kraft et al, 1966). As well, there usually are proportionately more mothers than fathers who are prepared to participate in parenting programs (Mitchell et al, 1977; Croake and Glover, 1977).

In summary, there is a wide variety of potential target groups for parent education. There is some indication that 'new parents' need parent education more than other groups. Middle-class mothers with young children are the most common users of parent education programs, although parents of adolescents also show a great need for support and information. There is a lack of information in the literature on which target groups in need are not being reached.

D. Content

The theoretical approaches and the standard or "packaged" programs developed within each approach have been surveyed by Fine, 1980; Turner, 1980; and Croake and Glover, 1977. The most common approaches are:

a) Haim-Ginott Approach: emphasis on caring communication and "being real"

b) Behavior Modification: a child management emphasis

c) Transactional Analysis: promoting "O.K.ness"

d) Alderian Approach: emphasis on principles of democracy, and humanism

e) Gordon's Approach: emphasis on communication skills

The most common packaged programs, "Children the Challenge" and "STEP" adopt the Alderian approach. The other very common program, "Parent Effectiveness Training", developed by Gordon, is based on similar principles of democracy and humanism. Some parent education programs, such as "Focus on Parenting" which was developed by the Parent Resource Unit, use an eclectic theoretical approach. Others do not adopt any identifiable theoretical approach and merely focus on topics.

Lists of relevant parent education topics have been developed by researchers (Crase et al, 1981; McAfee, 1979; White, 1977; S.W.

Educational Development Lab, 1978; Wright et al, 1980; Coan, 1976; Daniel, 1980; Fine, 1980). The most comprehensive, concise and well organized list was developed by Coan (1976) who designed a questionnaire to assess parent's needs and desires. Coan's somewhat modified list of topics is used in the questionnaires of this study. The major categories are:

a) Health and Safety/Baby Care

b) Child Growth and Development (stages of development, personality)

c) Social/Emotional Well Being of Children (communication, self-esteem, feelings)

d) Parent/Self (stress, balancing demands)

e) Child Management/Discipline (discipline methods, teaching self care, morals and values)

f) Special Concerns: (e.g.single parenting, exceptional children, helping children learn and cope in school, teenagers, foster children).

Coan (1976) obtained the opinions of 1,739 parents who completed a questionnaire distributed via schools in several states. Parents were asked how much they needed or wanted to learn about a variety of topics. Overall, the preference for topics was in the following order:

1) Treating Your Child Like a Person (Social/Emotional Well Being of Children)
2) Child Growth and Development
3) Family Care (home management, getting help with child care)
4) Parent Self
5) Child Management
6) Baby Care

Between 70 and 90% of the parents felt they needed or wanted to learn more about each of the topics related to 'treating their child like a person', which included communication skills, using rewards and praise, helping child accept feelings and getting along with family and friends. In contrast, only 40% of the parents said they needed to learn more about Baby Care.

Other studies which have examined parents' perceived needs have also found that parents wanted to learn about the enhancement of the social-emotional development of their child more than anything else (Crase et al, 1981; Wright et al, 1980; Pask, 1981; Sparling, 1978). There was less consensus on the other priorities of parents.

Parents and caregivers in Sparling's (1978) study indicated that resource material on child development was their second priority, with material on discipline techniques using rewards and punishment being of least interest to them. Understandably, basic care of sick children was one of the most frequently chosen topics of parents surveyed by Pask (1981) in the Toronto Hospital for Sick Children. The third priority of these parents was Discipline, next came Safety, and then Physical Growth and Development.

Dealing with aggression and fighting was the second most important subject matter for parents in the studies of Crase et al (1981) and Wright et al (1980). These concerns are pertinent to both the broader categories of Discipline, and the Social Well Being of Children. This illustrates some of the difficulties in developing broad subject categories and in setting priorities amongst topics which are closely related. The varying interpretation of what the subject, Discipline, entails may account for the discrepant results found in the literature.

The specific learning needs of various types of parents has yet to be conclusively determined. Coan (1976) found the learning needs of parents did not differ by the size of the family or the age of the children. On the contrary, Crase et al (1981) discovered there were in fact age specific needs. Expectant parents and parents with preschool children expressed the greatest need for information on toy selection, preventing and treating illness and caring for infants. Parents with elementary school children were most concerned about socio-emotional areas such as lying, cheating and temper tantrums. The socio-emotional areas such as allowing independence, understanding changes, and communication, were of primary importance to parents of teens.

The concerns of low income parents appear to be very different than those of other parents. Rather than being concerned about toy selection, preventing illness, and the social-emotional needs of their children, they are more concerned about dressing children adequately for school, locating a babysitter, and settling quarrels (Glazzer, 1965). Similarly, a study by Jeffers (1976) concludes that low income parents are likely to be more concerned about sustenance than more complex child-rearing issues.

In conclusion, the findings from the literature review suggest that parents need and want to learn about the social-emotional areas more than any other area. This may be somewhat of a lesser concern for parents of very young children, because they tend to express a need for information on health, and child growth and development. Finally, low income parents are most concerned about how to provide for the basis needs, food and clothing, for their children.

E. Educational Approaches

Numerous parent education approaches have been described in the literature (Harman and Brim, 1980; Croake and Glover, 1977; Peled et al, 1979; Applied Management Sciences, 1977; Coan, 1976; Division of Early Childhood Services, 1976; Fine, 1980; White, 1981). A categorization of these approaches is as follows:

1. The Group Approach - education directed to learners organized in a group
   a) course using presentations, discussions, and possibly some skill building tasks
   b) group discussion with participants in the learning group determining content and process, and learning primarily from exchange of ideas and experiences of participants
   c) directed observation of children, and group discussions
   d) parent participation and modelling of trained staff-child interaction.

2. Individual Approach - education directed to one parent or one set of parents at one time
   a) home-visitor program
   b) centre-based program.

3. Mass Media Approach - educational material directed to a large, usually anonymous audience
   a) books
   b) booklets or small pamphlets, newsletters
   c) magazines and newspapers
   d) radio and TV (talk shows, interest shows, drama)
   e) films/slides (usually accompany other educational forms)
   f) lectures.

It should be noted that many parent education programs use a combination of approaches. The relative benefits of each educational approach may be evaluated on the basis of the ability of the approach to reach parents, and the effectiveness of the approach in enhancing parenting knowledge, skills and attitudes.

Group Approach: Presentations/Discussions. The typical parent education program which uses presentations and discussions has been evaluated more than any other educational approach. The studies reviewed by Croake and Glover (1977) generally indicated some effectiveness of various structured 'packaged' programs; but Richard (1981) found 'packaged' programs to be inappropriate for inner city parents because the programs were not directed to their concerns. Other research has suggested that the content of parent education programs is not critical; any kind of group in which special attention is received and in which parents simply are prompted to think about their children and roles as parents would be just as effective as formal parent education programs (Friedman, 1969). Several reviews of the evaluation literature have similarly concluded that although no adverse effects have found to be related to participation in parent education programs, no conclusive statement can be made about the positive effects. (Adachi et al, 1981; Tramontana, 1980; Brim, 1959; Pickarts and Fargo, 1971).

Group Approach: Observation/Modelling. Proponents of the observation and modelling approaches have noted that the use of parenting programs have been the goal of professionals for decades but the movement has not had general appeal. The approaches have been academic (lectures and reading) thus have tended to appeal primarily to the better educated (Chilman, 1973). The parent education movement seemingly has had little effect on the behavior of parents (White et al, 1973) because it has ignored the human requirement that new information must be translated into personal action before it becomes knowledge (Division of Early Childhood, 1976). These weaknesses are avoided by programs which couple training/information for parents with child contact, thus allowing learners to more easily acquire and practice skills, and to obtain feedback. As White (1973b) recommended, the emphasis is on teaching skills rather than merely knowledge which may or may not effect parent behavior.

Fine (1980) believes parent-child centres are particularly important for preschoolers and their parents because the present nuclear family functions mainly in isolation until the child enters school or other community agencies enter the scene. Both children and parents could benefit from the stimulation, nurturing, and support provided by parent-child centres.

Evaluations have shown that the parent-child programs using modelling techniques have been an effective method of enhancing the cognitive and intellectual development of mentally handicapped children (Daniel, 1980; Drezek, 1976; Atkins et al, 1980; Kaplin, 1978 and Offenberg 1979) and disadvantaged preschool children (Fine, 1980: 228; Offenberg, 1979). It has also been shown to be an effective method of teaching parenting skills to highschool students (Kruger, 1974; Social Policy Research Associates, 1982). Apparently the observation and modelling techniques have primarily been limited to programs for parents-to-be, and parents of handicapped children and/or preschoolers.

Individual Approach: Individual Instruction and consultations for more personalized and individualized assistance than the group approach, but the latter approach facilitates the development of peer group support, and the ability to use peers as information sources and supports in maintaining new behaviors (Steven, 1978; Fine 1980). Steven's (1978) review of evaluation studies indicates that the group approach is more effective than the individual approach.

Individual Approach: Home-visiting is one means of providing education for parents individually and is often combined with centre-based programs or group approaches. As the well known parent educator Burton White (1977:16) has noted; "we have found that it is considerably easier for professional staff to do an effective job teaching about making a home safe, and interesting etc., when at least a few home visits are possible". Some evaluations of home-based Head Start programs which utilize home visitors indicated the programs were very successful in promoting the education and development of children (Fine, 1980; 238), but other studies have shown a detrimental effect. Haphazard programs with a high turnover of home visitors may shake the confidence a parent has acquired (Lambic, 1974). Also, home visitors may be a gross interference in the lives of those concerned; and far from teaching better parenting, home visitors may inhibit it by making parents feel powerless and incompetent (Raven, 1980). Thus, although home visitors may complement other educational approaches, it may be both detrimental and unethical to implement an involuntary home visitor program.

Mass Media Approach: Television has a pervasive influence in the North American household; the average home TV is reported to be turned an average of six hours per day. Not only does TV reach a large number of parents who would not attend adult education programs due to travelling problems, social and economic conditions, or resistance to a classroom style, television also is an efficient means of using quality personnel (Applied Management Sciences, 1977). Television also reaches people who lack reading skills. Its major disadvantage is that it is a one way communication, and lacks the benefits of a group setting. (Harman, 1980)

Only one evaluation of a televised parent education program was found and this was conducted in Israel by Peled et al (1979). Discussion groups were organized to accompany the TV series. The penetration of the TV series to the general public was good. In fact, the series was watched by a higher proportion of disadvantaged groups than the general public. Slightly more mothers than fathers watched the series. The discussion groups had proportionately more mothers and parents of a high socio-economic status.

The TV series had a more positive effect on parents who attended a discussion group, but there was a slight impact upon the TV viewers in their homes. Although parents of low socio-economic status tended not to attend the group discussion, it is interesting to note that those who did attend reported a high benefit Thus Peled recommends that TV series using drama also have model group sessions composed of parents from lower socio-economic groups, and fathers, to encourage participation.

Mass Media Approach: Printed Material. Although parenting magazines and books, such as those written by Dr.Spock, have a high distribution, actual readership is limited by the reading and comprehension ability of the readers. According to Harman (1980:200) only one-third to one-half of the adults in America have the necessary reading ability. The other disadvantage is that questions arising from the literature cannot be answered. On the other hand the readers have the advantage of learning whenever they wish.

Booklets and pamphlets are shorter, more focused than books, and easier to read. There is indication adults prefer printed material presented in this form (Tough, 1971). Newsletters, such as "Pierre the Pelican", focus on the age specific needs of children relevant to the subscriber. The effectiveness of this newsletter and other printed material is inconclusive (Harman 1980: 24-258; Bowland: 137-138).

Resource Centre. A number of authors have recommended a Parent Resource Centre which would be a source of both printed and audio-visual materials and consultation for parents and parent educators (Division of Early Childhood, 1976; White, 1982; S.W. Educational Development Lab, 1978). They observed the difficulties that parents and professionals were having in finding and utilizing appropriate resources. In fact after reviewing existing audio-visual material resources available in Virginia, the Division of Early Education (1976) concluded that much of the available material was not accessible to the general public because there was no distributing mechanism or advice given to the public as to what would be most beneficial for them.

Choices of educational approaches have been based upon tradition, trial and error and common sense because there is uncertainty as to how competence in childrearing is acquired or maintained by parents (Harman, 1980: 184). However, we do have adult education principles and research to guide our choices of parent education approaches.

Brandage et al (1980) suggest adult education programs based on adult learning principles should have a number of features, including:

a) a teacher who plays a facilitative role,
b) an opportunity for adult learners to integrate new learnings with past experiences,
c) a non-threatening environment
d) content relevant to the life experiences and the tasks of learners,
e) program plans which include learning activities planned by the teacher, and activities planned by the learner,
f) learner participation in relevant activities when the objective is to acquire skills,
g) variety of educational approaches to accommodate individualistic learning styles, and
h) a balance between individual learning and group learning.

In general, the adult learning principles outlined by Brandage et al imply that adult learners should be active participants in planning the content and educational approaches of programs, and the role of the educator is to facilitate the process.

Similarly, Tough (1977) concluded that given 70% of adult learning is self planned, the focus of government, foundations and adult educators should move away from group instruction and preprogrammed courses to fostering self planned or peer group learning. One useful service would be to assist adult learners clarify their needs, choose their learning goals, plan their overall strategy, guide the learning process, and ensure adequate educational resources are available.

Given what we know about adult learning, very structured parent educational programs should not be developed. However adult learning principles do not specify which educational approaches would be most effective. We know that the role of a parent educator should be that of a facilitator, but the facilitator may be consulting individuals in their home, or at a centre, organizing and/or facilitating a parent discussion group, developing parent resource material, and/or assisting parents access to appropriate resources. The crucial question is: what educational approaches do parents prefer?

The literature review yielded only one study which examined parent's preferred educational approach. Coan (1976) asked parents how much they would like to learn more about parenting using ten different approaches. The approaches in order of preference were:

1) reading books
2) watching a TV series
3) reading about this in a small newspaper or magazine
4) talking with other parents in a group setting
5) seeing movies near or at home
6) seeing slides and hearing persons talk about them
7) play games that teach how to be a better parent
8) special radio show
9) listening to records or tapes
10) having a person visit my home and talk with me each week.

Approximately 38% indicated they would like very much to learn more about being a parent by reading or watching TV, and 29% would very much like to use a parent discussion group. The lowest priority, home visitors, was liked very much by only 6.2%. Unfortunately the study had not included the lecture method, courses using presentations/group discussions or modelling techniques as educational options for parents.

Relative benefits of educational approaches. We reviewed the literature pertaining to the ability of each approach to reach parents and to be effective in enhancing parents' skills, knowledge and attitudes. In summary, the literature shows that parents prefer reading and watching TV, the two approaches which reach the largest number of people; but printed material is unlikely to be used by the less educated. The effectiveness of printed material and TV is inconclusive. The group approach was found to be the next most preferred approach of parents. Programs using this approach tend to attract middle income, fairly well educated mothers. Although its effectiveness is not conclusive it appears to have some positive effects. According to adult learning principles, and research with inner city populations, the structured 'packaged' programs are not very effective. The individual approach appears to be less effective than the group approach. Home visiting is the least preferred approach of parents and has shown some detrimental effects. Parent's opinion of the observation/modelling techniques is unknown but the programs using this approach for young future parents and parents of preschoolers and handicapped children have been effective.

F. Accessibility

Accessibility of parent education services has not been well addressed in the literature, although it is an important issue in the planning of services. Factors affecting accessibility are:

a) time of day available
b) length of programs
c) cost
d) availability of child care
e) advertising, referral/information sources
f) location (distance from residence)
g) likelihood parents would seek assistance from
   referral sources or delivery agents.

Parent education would be most accessible if the people and places from whom parents normally seek advice either offered parent education services or at least were able to inform parents as to where these services may be found. The survey conducted by Yan Kelovich et al (1977) identified the professional groups to which parents turn most for advice regarding their children. The percentage of parents who were likely to seek advice from each professional group was as follows:

children's teacher	49%
family physician	35%
clergyman	37%
child psychologist	34%
school principals	28%
family agencies	17%
social workers	15%

In contrast, Crase et al (1981) found a greater percentage of parents used pediatricians than teachers, and few used the clergy. Next to teachers, the most commonly used source of professional assistance was classes or discussion groups. However, more parents sought advice from books and personal acquaintances than professionals. Books, physicians, discussion groups/classes and the family were perceived as the most useful sources of information.

Thompson (1981) examined who Albertans go to first for advice when they have a personal crisis. The findings suggest that selections of a 'helper of the first instance' are based more upon perceived availability rather than qualifications and competence. Thus ideally the helper of the first instance should be aware of the more appropriate sources of help.

From the studies we reviewed it appears friends and family are perceived as the most available sources of information. Other sources in order of their availability are: physicians, school personnel, classes/discussion groups, and counsellors/family agencies. This implies that either the medical profession and schools should undertake a large role in the delivery of parent education services, or should at the very least become very familiar with what is available elsewhere so that appropriate referrals can be made.

G. Jurisdiction

The literature has, for the most part, ignored the question as to who should be responsible for initiating/sponsoring, delivering, and funding parent education services. The delivery agents suggested in the literature are: schools, colleges, social service/mental health agencies, churches, private organizations, and community groups as well as TV and other forms of mass media (Education Commission of the States, 1976; Fine, 1980).

Churches and some community organizations have historically shown a concern for family life, and therefore have been centres for parent education programs (Fine, 1980). However people have been drifting from church and community involvement in the last few decades, thus Adachi et al (1981) suggest there is now a greater need for government sponsored programs to replace the previous support systems. Fine (1980) points out that social service agencies/mental health clinics are striving to offer more comprehensive services, and preventive and educational programs are assuming higher priorities. Fine (1980) also notes that schools (in the States) are now expanding their educational efforts to include perschool and adult education programs. The specialized personnel in schools (e.g. counselors, social workers) are excellent candidates for parent education leadership training. Fine believes "programs offered through the schools may be more palatable to the public than programs offered through clinical settings" (p. 24). He suggests that perhaps schools should be playing a larger role in the provision of parent education, but not to the exclusion of other delivery and funding bodies. As well, a variety of options should be available in a complex and open society (Education Commission of the States, 1976).

H. Summary

The major research question is - Are additional parent education services needed, and if so what kind would be beneficial? In this study the need for additional services is defined by: a) 'experts' (parent educators and professionals) who examine the discrepancy between the observed and satisfactory standard, b) parents who express what they want, and c) the number of participants and number of people on a waiting list for parent education services.

Parent education services are defined as the programs and support services designed to assist parents in learning about parenting. This includes:

a) parent education programs - systematically and conceptually based programs with a definite beginning and ending time.

b) support services for parents - services that enable parents to participate as learners, such as libraries for parents, distribution of printed material, assistance to parent discussion/self-help groups, organization of conferences for parents, and a referral service.

c) support services for parent educators - services which assist them in their role as educators, such as training, consultations, resource development, co-ordination of services, and a clearing house of information.

The kinds of parent education services are differentiated by their target group, content, educational approaches and factors affecting their accessibility.

We reviewed the literature which describes the various kinds of parent education and their benefits. The diversity in family types and special needs of parents has lead to the identification of over twenty different potential target groups for parent education. There have been no comprehensive studies which examine the relative importance of targeting parent education to specific groups, but there is some indication that 'new parents' need and desire parent education more than parents with older children; and parents of teens more frequently desire guidance than parents of elementary school age children. According to previous research, parents want to learn about enhancing the social-emotional development of their children more than any other topic. There is no conclusive evidence as to which educational approach is the most effective, although it appears that very structured programs, as well as individual and home visitor approaches may be the least effective if they are not combined with other approaches. Reading and television are the most preferred approaches of parents and are accessible to the largest number of parents.

Virtually nothing has been written on the factors affecting the accessibility of parent education services, although the literature shows that parents tend to seek advice/information from physicians and school personnel. This suggests that these professionals could play a larger role in providing parent education services and/or being a referral source. Finally, the literature points out there has always been, and should continue to be, a variety of organizations delivering and funding parent education services.

CHAPTER 111

RESEARCH METHODS

To determine what kinds of additional parent education, if any, are needed in Edmonton, we obtained the perceptions of three different sectors of the Edmonton community who have a direct interest in parent education -- parent education agencies, professionals who work with families, and parents themselves.

Their opinions, on what additional services are required, were put into perspective by an examination of existing parent education services. Potential jurisdictional and funding bodies for additional services were identified by reviewing the mandates of existing delivery and funding bodies, and obtaining the opinions of agencies and professionals as to who should be responsible for parenting education. The methods used to gather the above information and the respondents who provided this information are described next.

A. Description of Parent Services

Data Collection: Agencies providing parent education services were identified mainly via two directories;

a) "Agencies offering Parenting Programs in Edmonton", compiled by the Parent Resource Unit (January 1982), and

b) "A Directory of Self-Help Groups and Programs in Edmonton" compiled by Charles Camsell General Hospital (September 1981).

The initial list of agencies was presented to every known parent

40

education agency, who then identified a few additional parent education providers.

Each parent education agency was mailed a questionnaire requesting them to provide information on the parent education services they provided in the last year, July 1981 to June 1982, and their plans for next year. They were asked to describe their (a) parent education programs, (b) support services for parents that enables them to participate as parents, and (c) support services for other organizations providing parent education. (See Appendix A for a copy of the questionnaire).

The questionnaires were mailed with a self-addressed return envelope. Those who did not reply within the two week deadline were telephoned; and those who required a second reminder were then interviewed by telephone.

Sample. Sixty-one of the sixty-two identified parent education agencies completed the description questionnaire. A list of these agencies can be found in Appendix B. This is a comprehensive list of parent education agencies with the exception of churches. The services offered by churches have a low profile in Edmonton. They were not included in any of the directories, nor were they generally known to other parent education agencies.

B. Survey of Perceived Needs

Data Collection. Through structured questionnaires and interviews (See Appendix A), parent education agencies and professionals were asked whether additional parent education services were needed in

Edmonton. Those who stated additional services were needed were then asked to identify, to the best of their knowledge, what kinds of additional services were needed. They were instructed to rate the importance of, and priorize numerous (a) target groups, (b) topics (content), and (c) educational approaches, as well as identify factors that would make parent education more accessible and attractive to parents.

Similarly, parents were asked how much they would like to learn more about various topics and what educational approaches they would prefer. They too were asked what factors would make parent education services more accessible to them. (See Appendix A).

The 'Parent Education Needs' questionnaire was mailed to parent education agencies along with the questionnaire requesting them to describe their services. Nearly one-quarter of the responding agencies were interviewed because they either had not returned the questionnaire or were identified too late to be contacted by mail. All professionals were interviewed. This ensured a high response rate and provided in-depth information on the educational needs of parents.

In order to survey a large number and a wide variety of parents, arrangements were made to have questionnaires distributed by 26 different organizations in contact with parents. These organizations were selected so that parents with children of all ages and parents with special needs would be included in the survey. Also an attempt was made to distribute questionnaires in all areas of the city. A small sample of parents (20) completed the questionnaires through structured interviews. These interviews allowed us to check parents' interpretation of the questions and obtain a rationale for their responses.

Sample. Thirty-eight of the sixty-four identified parent education agencies completed the questionnaires. Nearly one-half of the agencies did not respond, primarily because they were not familiar with parent education services in Edmonton. In fact several agencies were never given a 'needs' questionnaire because they were only peripherally involved with parent education. The types of agencies who did not respond are illustrated in Table 3.1. The agencies are categorized by the major types of service they offer and their target population.

Seventy-eight professionals were interviewed. Ten delivered health services to families, twenty-three worked with families in the educational system and forty-five provided social services to families with a variety of special needs (see Table 3.1 for more detail).

A total of 433 parents completed the questionnaire. As Table 3.2 illustrates, forty-three percent of these parents had received the questionnaire at a parent group meeting, and the remaining thirty percent had the questionnaire given to them by day care or social service agency staff who had been instructed to randomly distribute the questionnaire.

Nearly 74% of the parents who were given a questionnaire by kindergartens, schools, clinics, a day care, or parent groups, completed the questionnaire. The average response rate of parents who received questionnaires from staff of social service agencies and 'drop-in' day

Table 3.1: Types of Parent Education Agencies and Professionals Responding to Parent Education Needs Questionnaire

Type of Organization	No. of Agencies	No. of Professionals
A. Health		
Pediatricians	0	4
Health Clinics	1	6
Associations (re birth, infants)	1	0
B. Education		
Early Chilhood Services	1	5
Elementary, Junior High School	0	7
High School	0	5
Bureau Services/Student Services	0	6
Continuing Education-School Boards, Colleges, Universities	3	0
C. Social Services (targeted to:)		
Families (counselling/education)	15	6
Children (Day Care, Clubs, Assns.)	0	6
Parents of Teens	1	3
Single Parents	1	6
Foster Parents	1	2
Adoptive Parents	1	1
Low-income Parents	0	5
Exceptional Children	8	3
Teenage Parents	3	3
Parents prone to Child Abuse/Neglect	0	3
Natives	0	7
D. Other	2	0
	38	78

care centres is unknown because most agencies did not record the number of parents who declined to take a questionnaire (see Table 3.2 for more detail).

The vast majority (86%) of parents who completed the questionnaire were mothers; eleven percent were fathers. The remaining respondents were either couples or did not identify their gender. The low response rate of fathers is consistent with the low proportion of fathers participating in parent education programs.

Approximately one-quarter of the responding parents were single whereas single parent families account for only 13% of Edmonton's families. Nearly 27% of the respondents had a family income below $16,800, the poverty line for a four person household in Edmonton. Seven percent of the parents did not identify their income.

The interests of parents with children of various ages were well represented by the sample of parents. The ages of their children were; infant to 3 years (43%), 4 to 5 years (30%), 6 to 12 years (41%), and teen age years (31%). Only 3% represented the group of parents expecting a child.

C. Jurisdictional and Funding Bodies

Potential jurisdictional and funding bodies for additional parent education services were identified by:

a) obtaining information on existing funders and deliverers via the Parent Education Description Questionnaire distributed to parent education agencies

Table 3.2: Method of Distribution, and Organizations Distributing Questionnaires to Parents by Response Rate

Distribution Method, and Organizations Distributing Questionnaire	No. of Parent Respondents	Response Rate (%)
A. Randomly Distributed by:		
Early Childhood Services, Catholic School Board	39	50
Father Leo Green Catholic School	35	50
Grant MacEwan Day Care, Millwoods	15	80
Glengarry Clinic	48	95
Idylwylde Clinic	42	84
Castle Downs Clinic	18	85
Sub-Total	187 (43%)	
B. Distributed at Parent Group Meeting of:		
Norwood Parent Group	7	100
J.H. Picard School	24	85
Adoptive Parent Assn.	7	70
Edmonton Twin and Triplet Club	16	70
One Parent Family Assn.	12	100
Gateway Assn. for the Mentally Handicapped	13	65
Parent Support Group (Tough Love)	23	100
Foster Parent Assn. (dist. via mail)	12	80
	114 (26%)	
C. Distributed by Staff of:		
Edmonton Social Services		
- Beverly	5	23
- Glengarry	21	52
- Idylwylde	16	40
- Kingsway	14	35
- Millwoods	22	55
YWCA Day Care	24	Unknown
Bissell Centre	8	Unknown
Urban Referral Centre	8	Unknown
ASSCH, Capilano Centre	6	Unknown
ASSCH, Hys Centre	1	Unknown
ASSCH, Serv. for Unmarried Mothers	7	Unknown
	132 (30%)	
TOTAL NUMBER OF PARENTS	433 (100%)	

b) surveying the opinions of agencies and professionals as to who should be responsible for funding and providing parent education, and

c) obtaining a description of the mandates of existing and recommended funders via documents and interviews with persons responsible for creating and/or implementing the policies of their organization.

Interviews were conducted with a Deputy Minister of Alberta Social Services and Community Health and an Assistant Deputy Minister of Education, as well as several representatives from the relevant divisions of these Departments. In addition, information was obtained from the Director of the Interdepartmental Community Schools Committee, and the Director of Further Education, Advanced Education and Manpower.

D. Summary

A detailed description of parent education services in Edmonton was obtained from questionnaires completed by 61 of the 62 individuals parent education agencies. The descriptions make it possible to distinguish obvious gaps in various kinds of parent education services, and to put the perceived need for additional services into perspective.

The opinions as to what kinds of parent education, if any, are needed in Edmonton were obtained via:

a) questionnaires mailed to most parent education agencies (38 responded)

b) interviews with 78 professionals working with families, and

c) questionnaires distributed to parents by 26 different organizations.

Of the 433 parents who responded, 70% had received a questionnaire from schools, kindergartens, a day care centre or health clinics or parent groups who either randomly distributed the questionnaire or gave the questionnaire to all parents. The response rate was 74%. The response rate of parents who received questionnaires from social service agencies and drop-in day care centres is unknown.

After determining what kinds of parent education are perceived as most needed in Edmonton, the potential jurisdictional and funding bodies were identified by examining existing funders and deliverers, surveying the opinions of agencies and professionals, and obtaining a description of the mandates of existing and recommended funders.

CHAPTER IV

EXISTING PARENT EDUCATION SERVICES

At least 61 different agencies provided some form of parent education for parents in Edmonton during July 1981 to June 1982 (see Appendix B). This does not include parenting education programs or support services offered by church groups or the individual centres run under the auspices of Early Childhood Services. Notably none of these programs were listed in the available directories, nor did they appear to be known by other parent education agencies in the city.

The significant number of parent education providers does not necessarily imply there is an abundance of parent education services. Many of the agencies have limited involvement; either they provide limited resources or serve a very limited population. In fact only 34 of the 61 agencies provided formal parent education programs.

A clearer picture of parent education services will emerge as we review the various types of parent education services in Edmonton July 1981 - 1982, and the changes planned for the following year. We will examine:

a) parent education programs
b) support services for parents to enable them to
   participate as learners, and
c) support services for parent educators.

A. Parent Education Programs

Quantity of Programs. At least ninety-one different parent education programs were offered in Edmonton during the period July 1981 to July 1982. Nearly one-third of these programs were offered more than once (Table 4.1).

Table 4.1: Frequency Programs were Offered, July 81-82

Frequency Offered	No. of Programs	%
once	50	54
twice	12	13
three times	6	7
four times	5	5
over five times	9	11
unknown	9	11
	91	100%

The programs varied in length from 2 - 4 hours (29%) to over 35 hours (7%), with the most common length being 9 - 16 hours (34%). (Table 4.2)

Table 4.2: Length of Programs

Hours	No. of Programs	%
2 - 4	26	29
5 - 8	10	11
9 -16	31	34
17-35	15	16
over 35	7	8
unknown	2	2
	91	100%

Last year there were approximately four thousand participants in parent education programs (Table 4.3). Nearly forty percent of these participants were involved with prenatal - postnatal programs offered by associations and health units. A small fraction of the participants (9%) took courses offered by adult education institutions, and the remainder (52%) participated in the wide variety of programs offered by social service agencies and parent associations/groups.

Table 4.3: Number of Programs by Number of Participants

Type of Program Providers	# of Programs	# of Participants	% of Participants
Health Units and Assns. re Childbirth	7	1,577	39
Adult Education Institutions	13	353	9
Social Service Agencies/ Associations	57	2,129	52
Other	1	15	1
Unknown	11*	-	-
	91	4,074	100

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* Includes 8 video programs offered by Access Alberta and three programs offered by social service agencies.

Target Groups. Half of the programs were targeted to parents with children of specific ages (Table 4.4), and the majority of these programs focused on preschool children. Only four programs were designed for parents with teens, mainly "troubled teens". Fewer yet were designed specifically for parents with elementary school children, probably because the non age-specific programs were applicable to this group.

Table 4.4: Target Groups of Programs - Age of Children

Age	No. of Programs	%
No specific age	46	50
prenatal	5	5
infant - 3 years	16	18
4 - 5 (preschool)	11	12
6 - 12	2	2
young children (12 and under)	6	7
teens	4	4
pre-parent (high school students)	1	1
	91	100%

Interestingly, fifteen programs (17%) were offered to mothers only, yet no programs were offered for fathers only. Even the programs designed for couples tended to attract far more mothers than fathers. Parent education agencies were asked to give a profile of their program participants, but unfortunately the majority of respondents were unable to provide this information; however, we do know that in half the programs over 75% of the participants were mothers.

Nearly half of the programs were targeted to special need groups (see Table 4.5). There were some minor discrepancies between the formal target groups of programs and the actual characteristics of participants. For instance, nine programs targeted their services to single parents, yet single parents comprised over 75% of the participants in fourteen programs. Similarly, eleven programs attracted mainly low income parents, although only four programs were specifically targeted to low income families.

Table 4.5: Target Groups of Programs - Special Needs

Special Need Group	No. of Programs (N=91)
No special needs	51
Single parents	9
Parents with exceptional children	8
Foster parents	6
Teenage parents	6
Low income parents	4
Parents prone to child abuse/neglect	4
Divorces/separated/blended families	3
Natives	2
Interested in natural births	2
Child care workers	1
High school students	1

Content. Programs tended to cover a wide variety of topics. Over 60% of the programs included some topics relevant to the social-emotional well being of children, and similarly over 60% dealt with topics relevant to parents/self, with emphasis on how to cope with stresses of being a parent. Another popular topic, discipline, was a major focus of half the programs. Forty percent dealt with child growth and development. Health and safety topics were covered by less than a quarter of the programs. Of the special concerns, 'learning how to deal with the challenge of being a single parent' was the most common. It was covered by nearly one quarter of the programs. (Table 4.6)

Table 4.6: Content of Programs (N=91)

TOPIC	No. of Programs	%
Health and Safety		
How to keep children healthy	18	20
How to make the home safe for children	22	24
How to know if something is physically or mentally wrong with children.	12	13
How to care for oneself during pregnancy	8	9
How to care for infants	18	20
Child Growth and Development		
What children should be able to learn at different ages	35	39
How to help children learn	36	40
How children's personality is formed	32	35
Social/Emotional Well-Being of Children		
How to develop communication skills with children	37	41
How to help children feel good about themselves (build self-esteem)	56	62
How to help children see and accept their own feelings	46	51
How to help children get along with family and friends	33	37
Parent/Self		
How to cope with stresses of being a parent	59	65
How to meet needs of all family members	42	47
How to handle frustrations with disobedient children	42	47
How to have fun with children and build family ties	46	51
Child Management/Discipline		
How to discipline children	48	53
How to teach children self-care skills (eg. dressing and feeding themselves)	19	21
How to teach children values and morals	30	33

TOPIC	No. of Programs	%
Special Concerns		
How to help children deal with:		
- divorce	13	14
- remarriage	5	5
- death in the family	6	
How to deal with children and talk to children about:		
- sex	8	9
- drugs	6	7
How to respond to the needs of children with:		
- a handicap	7	8
- an emotional problem	6	7
- a serious illness	0	0
How to deal with the unique situations of:		
- adoptive children	2	2
- foster children	2	2
- twins	0	0
How to deal with the unique challenge of being a single parent	21	23
How to be better parents to teenagers	9	10
How to help children learn and cope in school	10	11
How to be an advocate for the child	9	10

Educational Approaches. Nearly all programs used a combination of approaches, the most common being lectures/presentations and group discussions. One quarter of the programs complemented their major educational approaches with experiential exercises, workbooks or reading material. Half of the programs used audio-visual material, but only the programs developed by Alberta Access used this as their primary medium. Even the programs available through Access (via TV programs or videotapes) are usually accompanied by workbooks. Only 2 programs had parents observing children and 13 programs had used modelling techniques. (Table 4.7)

Table 4.7: Educational Approaches used by Programs (N=91)

Educational Approach	No. of Programs	%
Group Discussion	72	80
Lecture/Presentations	67	74
Audio-visual material	51	57
Workbooks, excercises, and/or reading	22	24
Modelling	13	14
Individual Instruction	9	10
Observation	7	8
Dramatizations	3	3

Accessibility of programs is influenced by their location and target areas. As illustrated in Table 4.8, some Edmonton Social Service areas have more programs than others.

Table 4.8: Location and Geographic Target Area of Programs (N=91)

Edmonton Social Service Areas	No. Located in Area	No. Targeted to Area Residents
Edmonton	6*	67
Several Areas	11	2
Beverly	1	2
Duggan	15	4
Glengarry	8	5
Idylewylde	4	0
Jasper Place	10	3
Kinsway	10	1
Millwoods	12	2
Westmount	10	1
Unknown	4	4
	91	91

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* TV programs and correspondence courses.

Interestingly, Duggan had the most programs (15) but

Beverly had only one program located in their area. Idylewylde was the other district with relatively few programs. Less than a quarter of the programs were targeted to specific geographic areas thus parents were not limited to programs in their own [illegible]a if they had adequate transportation.

The time of day programs are offered may also be an inhibiting factor. Slightly over half the programs were offered in the evening or weekend so most employed parents could attend. (Table 4.9)

Table 4.9: Time of Day Programs Were Offered (N=91)

Time of Day	No. of Programs	%
Evening	38	42
Weekday	29	32
Weekend	10	11
Evening and weekday	7	8
Evening and weekend	2	2
Weekday and weekend	1	1
Unknown	4	4

Over half the programs were free (or under $5.00) and nearly all program fees were under thirty dollars (Table 4.10). The most expensive program tended to be lengthy courses offered by educational institutions.

Table 4.10: Program Fees (N=91)

	No. of Programs	%
Free or under $5.00	50	55
$ 5 - 17	11	12
$ 18 - 32	21	23
$ 33 - 47	1	1
$ 48 - 55	2	2
over $ 55	2	2
unknown	4	4

A quarter of the programs provided child care, but only nine programs reported they provided this service free of charge.

Programs Filled to Capacity. None of the twenty-one programs filled to capacity had an extensive waiting list. In some cases this was due to the fact that the agency did not keep a waiting list.

Only three programs designed for parents in general were filled to capacity (two of these were in Millwoods, and one in Beverly). The remaining programs that were filled were targeted to specific age groups or special need groups. The age-specific programs filled to capacity were two (of the 5) post partum programs, three (of the 16) programs pertaining to toddlers, one (of the 11) programs concerning preschoolers, and one (of the 4) programs for parents of teens.

Half of the programs for parents with exceptional children, and half of the programs for abusive and/or negligent parents were filled. The program titled "Handling Destructive Behavior of Children" was the only program for foster parents which had a waiting list. Two of the six programs for teenage parents were full, and so was the only program/workshop provided for highschool students.

Future Plans. Existing parent education agencies are planning at least a dozen new programs. Both Catholic Social Services and the Edmonton Social Service's Millwoods office plan to have programs pertaining to the needs of their clients. As well, Family Services Association hopes to offer an information series on topics related to child development. Three additional programs will be offered by Continuing Education, Edmonton Public School Boards in the 1982/83 calendar year. One of their most innovative approaches will be to assist women in writing about their own experiences as parents. Another relatively new approach for Edmonton is the Parent-Child Learning Centre operated by the Family Life Education Council. Preschool children mature enough to be in a nursery school setting will play and learn in a stimulating environment while parents spend some time observing and interacting with the children and their supervisor. Parents will also spend time in small groups (with a discussion leader) talking and learning about child development and parenting.

Parents with severely disabled children will have a course offered for them by the Alberta Association for Dependent Handicapped. Community Behavioral Services also increase the number of workshops it offers to parents with disabled children.

Few programs are available in the summer, thus the Family Support Program of Alberta Social Services offered programs in the summer of 1982 for clients of child welfare workers. They also have tentative plans to co-sponsor a program with Norwood Community Service Centre in 1983. Norwood may initiate this and other formal parent education programs if the community is receptive.

Due to decreasing attendance, Edmonton Local Board of Health may discontinue the one post-partum parenting class which is now the final session to prenatal classes. This class reached approximately 800 parents in Edmonton in the last year (nearly 20% of all program participants), thus the deletion of this one session would have a significant impact on the number of parents receiving formal parent education in Edmonton.

Alberta Access will not repeat three of the parenting series they showed on television last year. Likely "Footsteps" and "Inside Out" will be the only programs available to parents via Television.

Overall, the plans for next year (1982-83) indicate there will be more programs added than discontinued.

B. Educational Support Services for Parents

A significant proportion of parent education in Edmonton, particularly the parent education provided by associations, is available through the provision of educational resources - libraries, pamphlets, newsletters, conferences, speakers and self-help discussion groups. Following is an overview of these services provided during July 1981 - July 1982, and plans for the next year. (See Appendix C, charts 1 - 7 for more detail.)

Libraries. There were at least 32 organizations with libraries, but only the public library and the Parent Resource Unit library were open to the general public. Other organizations had libraries for their clients or members.

The Parent Resource Unit is no longer in operation but most of their resource material has been transferred to Early Childhood Services, and Family and Community Support Services.

Family Life Education Council recently developed a Resource Centre for parents which will be open to the general public. Also, Continuing Education of the Edmonton Public School Board is developing a library at Malmo School.

Educational Pamphlets were distributed by the majority of identified parent education agencies. Similar to other resources, the pamphlets were mainly distributed to clients and members of their organization. Some exceptions to this were Alberta Consumer and Corporate Affairs, CMHA, and the Parent Resource Unit.

Mailed Material. Three parent associations distributed an educational newsletter to their members. Only the Parent Resource Unit had mailed a newsletter to the general public. On a pilot basis they sent "Pierre the Pelican" to parents who were contacted in the maternity wards and who wished to subscribe to the newsletter. It was sent to parents at regular intervals from the time of birth of their child to age six. Unfortunately, the evaluation of this project has not been released by Alberta Social Services and Community Health. Other magazines are available for parents through subscriptions but the content is not as age specific, thus may not be as relevant to the reader.

Conferences for parents were sponsored by ten different organizations. The conferences in Edmonton last year tended to be directed to parents with preschoolers or special concerns (single parents, adoptive parents, parents of bright children, and parents of mentally handicapped children). The conference titled "Parent Involvement in School" was the only conference relevant to the majority of parents with school-age children.

Parent Self-Help Groups consist of parents who meet for the purposes of learning from each other, accessing educational resources for themselves (e.g. a library, conference or lectures), and establishing a support system. Unlike formal programs, which may also utilize group discussion, self-help groups have no time limits. The group has a life of its own beyond any educational activities.

There were a minimum of 25 parent self-help groups in Edmonton during 1981/82, in addition to the numerous Local Advisory Committees and other parent organizations affiliated with the school system. The groups varied on a continuum from being completely autonomous and self-supporting, to relying almost totally for external leadership and resources (meeting spare, group facilitator and educational resources). The latter groups were either organized by social service agencies for their clients, or by parent educators as a following to formal parent education programs. The most autonomous groups were associations created to support parents with special needs.

Table 4.11 illustrates the number of self-help groups formed for the various types of parents.

Table 4.11: Types of Parents Receiving Support Services from Self-Help Groups

Type of Parent	Number of Groups
Parents of exceptional children	
- mentally and/or physically handicapped	5
- learning disabled	11
- exceptionally bright	1
- seriously ill (cancer)	1
- diabetic	1
Parents with	
- infants	2
- preschoolers (in ECS centres)	?
- problematic teens	2
Single, Separated or Divorced Parents	2
Foster Parents	1
Adoptive Parents	1
Parents of Twins/Triplets	1
Parents needing counselling	2
No Specific Types of Parents	4

Parents within self-help groups primarily learned from each other through group meetings usually at regular weekly, monthly or bi-monthly intervals. Seventeen of the self help groups frequently invited guest speakers to their meetings.

Lectures not sponsored by parent self-help groups apparently had been infrequent in Edmonton during 1981/82. Seven of the parent education agencies contacted had sponsored lectures,for special need groups and only one agency, the Continuing Education branch of the Edmonton Catholic School Board, had sponsored lectures for the general public.

Providing Information on Available Services is essential because parents are only able to access support services and formal programs if they are aware of these services. Each parent education agency has been responsible for their own advertising, although E.A.C.E.R. (The Edmonton Assn. for Continuing Education and Recreation) has provided one vehicle for advertising. Every fall and winter they distribute a calendar of their courses via Edmonton newspapers. The calendars have reached a large number of people but they only include formal programs funded by E.A.C.E.R.

There were no central sources of information other than the Parent Resource Unit (and it is uncertain how many parents were aware of the unit). Parents could contact any parent education agency for information, but the quality of information they received depended upon the knowledge agencies had of all available resources. Agencies were kept informed by an annual directory of parent education agencies which was distributed annually by the Parent Resource Unit. In 1982 the Parent Resource Unit also provided funds and assistance to the Coordinating Committee for Parenting Agencies in Edmonton to publish a pamphlet which listed Edmonton's resources for parents. This was distributed to professionals working with families (e.g. day care centres, physicians, human service agencies) as well as parent education agencies, and parents.

Support Services for Parent Educators

The quantity and quality of parent education services is influenced by the support services available to parent educators. The support services available to parent educators in the year July 1981 - 1982 are described below. For more details see Appendix C, charts 8-14.

Resource Material was used by educators as educational material for parents or as training/educational material for themselves. A number of agencies produced resource material relevant to topics of interest to them; topics such as handicapped children, twins, and consumerism. The Canadian Mental Health Association produced a pamphlet series on parenting, and Alberta Access has developed several video series on parenting. The Early Childhood Services Branch had a fairly extensive library but it was primarily used by ECS operators.

The Parent Resource Unit was one of the major producers and central sources of resource material for parent educators. Most of the resources have been transferred to Family and Community Support Services, and Early Childhood Services, although it is uncertain who whil receive the training material.

Training and inservice for parent educators/group leaders was undertaken primarily by the Parent Resource Unit. A few agencies trained their own educators/leaders. Family Life Education Council trained numerous group leaders but this service is being limited because it was too expensive for them to train volunteers who then went to work elsewhere. Consequently nobody has yet taken the responsibility of training parent educators/leaders for the future.

A few seminars and conferences were provided for parent educators last year. Only the conferences and seminar sponsored by the Parent Resource Unit were available to the broad spectrum of parent educators.

Consultations. The Parent Resource Unit had eight consultants; one was responsible for the Edmonton area. With the closing of the Parent Resource Unit, four Parent Resource Consultant positions were created in the Early Childhood Services Branch. One consultant is responsible for the Edmonton area. The consultants are to provide consultation and staff development for local ECS staff, regional coordinating committees of ECS, health units, and FCSS staff involved with ECS parent programs. Thus unlike the Parent Resource Unit consultants, ECS consultants will not provide their support services to all parent educators serving parents with children eight and under. Interestingly there have never been consultants for parent educators who work with parents having older children.

Co-ordinating Services. In addition to being a "clearinghouse" for parent education resources in Alberta, the Parent Resource Unit assisted in the coordination of services provided by parent education agencies. They provided administrative support to the Coordinating Committee of Parenting Agencies in Edmonton in an effort to identify gaps and strengthen services. Efforts are being made to locate another agency to assume the administrative and financial responsibilities for the Coordinating Committee.

D. Summary and Discussion

In 1981/82, at least 61 agencies provided parent education programs and/or support services to parents in Edmonton. Thirty-four of these agencies offered 91 different programs to a total of over 4,000 participants. A few additional programs are planned for 1982/83.

Most of the support services, and approximately one half of the programs are targeted to specific types of parents. Table 4.12 at the end of this chapter illustrates the number of self-help groups and programs for each target group, as well as the number of programs filled to capacity. This information provides some indication as to which target groups may not have adequate parent education services available for them.

It appears that fathers, parents of teens, teenage parents and abusive/negligent parents require additional attention. Fathers do not have any programs or support groups specifically designed for them. Special programs may not be necessary or desirable, but the low participation of fathers in all programs suggests that additional measures should be taken to ensure that parent education services are as accessible and attractive to fathers as possible.

Only four programs were available for parents of teens last year, and one of these had been filled to capacity. The two self-help groups reported a high attendance rate; and in fact one group had 25 parents on their waiting list.

Two of the six programs for teenage parents were filled to capacity, and one program may be discontinued because it was a summer project. The program with the longest waiting list (15) used modelling in a day care setting to teach parenting skills. Interestingly, all programs were available only to unmarried mothers, thus excluding teenage fathers and married teenage mothers.

Two of the four programs for parents prone to child abuse or neglect were filled to capacity, and the other two were in very high demand. The one to three additional programs (courses) planned for next year may not meet the demand. In addition to programs, there is an obvious need for a parent self-help/support group.

There is some evidence that expectant parents, parents with infants/toddlers, and parents with exceptional children may benefit from additional educational services. The two associations providing prenatal/post-partum classes and support were filled to capacity; at the same time the local board of health is considering the elimination of its post-partum class. This would definitely leave a gap in parent education available to parents with newborn.

Parents with infants/toddlers have more programs (16) available to them than any other target group yet three of the programs were filled to capacity last year. The new Parent-Child Centre will possibly help meet the high demand.

There are a fair number of self-help groups and programs for parents with exceptional children, but this is not surprising given the variety of handicaps and special needs. Four of the eight programs filled to capacity were programs for parents of mentally retarded, physically handicapped or hearing handicapped children. One program for parents of mentally handicapped children will be expanded and a program for parents of severely handicapped children will be introduced. Further research would have to be done to determine whether additional services are required.

Some types of parents have few services specifically designed for them; for example, parents with children 6-12 yrs, pre-parents (youth), adoptive parents, bereaved parents and parents with twins/triplets. But the description of services alone is not sufficient information on which to judge whether additional services are required.

Parent education programs in Edmonton have in the past covered general topics relevant to all types of parents, the most common topics being the Social Emotional Well Being of Children (building self-esteem, communication etc.) and 'How to cope with the stresses of being a parent'. Discipline, and Child Growth and Development are the next most common topics. Relatively few programs covered Health and Safety topics. Of the topics related to the special concerns of parents, 'Single Parenting' was the most common. It was even covered by programs that did not exclusively target the program to single parents, but nevertheless had a significant proportion of single parents in their program.

A full variety of educational approaches have been used in Edmonton, but the group approach using discussion and presentations

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predominates. Modelling/observation, TV and individual instruction are seldom used. The special needs groups that have organizations developed to meet their general needs (eg. associations for the handicapped) have a variety of educational support services available to them - self-help groups, lectures, conferences, libraries, and pamphlets. The less "organized" parents have few opportunities to use these educational approaches.

Accessibility to parent education programs does not appear to be limited by the times of day they are offered or the fee. However the locations may be limiting access. There were very few programs in the Beverly district; and some of the programs in Millwoods were filled to capacity thus this district could possibly also benefit from additional programs. Only nine programs provided free child care, thus this also may have limited the accessibility of programs for low income parents.

Support services for parent educators have been severely limited by the closing of the Parent Resource Unit. To a great extent the following services once offered by the Parent Resource Unit are presently not available:

a) development of resource material, including program models
b) training and inservice
c) consultative services for the development and evaluation of programs
d) facilitation of co-ordinated efforts, and
e) the provision of a 'clearing house' for information and resources.

The analysis of existing parent education has identified some obvious gaps in services. Less obvious gaps have been noted by professionals, agencies and parents and are discussed in the next chapter.

Table 4.12: Number of Self-Help Groups and Programs for Each Target Group

	SERVICES TARGETED TO GROUP 1981/82			
TARGET GROUP	# of Self-Help Groups	# of Programs Targeted to Group	# of Programs Filled	PLANNED PROGRAM CHANGES
All Parents	4	4	3	Likely +5
Mothers	0	15	0	
** Fathers	0	0	-	
* Prenatal/post partum stage	2	5	2	Maybe -1
Parents of Children:				
* 0-3 yrs.	(same as above)	16	3	+1
4-5 yrs.	L.A.C.'s of ESC Centres	11	1	
6-12 yrs.	0	2	0	
** teens	2 (1 filled)	4	1	
Pre-parent	0	1	1	
Single Parents	2	9	0	
Blended Families, Separated/Divorced	(same as above)	3	0	
Foster Parents	1	6	1	

TARGET GROUP	# of Self-Help Groups	# of Programs Targeted to Group	# of Programs Filled	PLANNED PROGRAM CHANGES
Adoptive Parents	1	0	-	
Low-Income Parents	0	4	-	
** Teenage Parents	0	6	2	Possibly -1
* Parents with Exceptional Children	9	8	4	+2
** Prone to Child Abuse/Neglect	0	4	2	+1-3
Bereaved Parents/or with Severely Ill Children	1	1	0	
Parents with Twins/Triplets	1	0	-	

** apparent gap in service to target groups
* possible gap in service to target groups

CHAPTER V

SURVEY FINDINGS

This chapter examines the perceptions of parent education agencies, professionals and parents who participated in the survey. Their opinions regarding the need for additional services will be reviewed first. This will be followed by an examination of the kinds of parent education services perceived as important, i.e. the kinds of target groups, content and educational approaches. Finally, factors affecting the accessibility and attractiveness of parent education services will be examined.

A. Additional Services Needed?

An overwhelming majority of parent education agencies (92%) and professionals (73%) believed additional parent education services were needed in Edmonton. Every one of the eight professionals and three agencies who opposed the development of more parent education services recommended more resources be put into advertising and public relations to motivate parents to use existing parent education services. This recommendation was echoed by many other respondents when they were asked how services could be made more accessible and attractive to parents. This will be discussed later in more detail.

The vast majority of parents who responded to the questionnaire showed a strong interest in learning more about parenting. Nearly 90% of the parents stated they wanted to spend time in the next six months learning more about parenting.

B. Parent Target Groups

Parent education agency representatives and professionals were asked how important it is to target additional parent education to nineteen different target groups, and then asked to priorize the target groups. If the professional was unfamiliar with parent education he/she was merely asked what target groups were important. Interestingly, the responses of those who were very familiar with services and those who were not, did not vary significantly, thus their responses will not be analyzed separately.

Both the importance ratings (Table 5.1) and the priority ratings (Table 5.2) indicate that the top priority target groups are: parents prone to child abuse/neglect, teenage parents and single parents. In addition to choosing these groups as the top priorities, the majority of professionals and agencies indicated it was essential to develop (additional) parent education services for these groups. Parents of teens was the only other target group rated as an essential target group by the majority of agencies and professionals. (For more detail see Tables D-1 to D-4, Appendix D.)

Table 5.1: Parent Target Groups for Which Additional Parent Education is Essential, as Perceived by the Majority of Agencies and Professionals

	Percentage stating it was essential to target additional services to Parent Group	
Parent Croup	Agencies	Professionals
Parents prone to child abuse/neglect	74	86
Teenage parents	66	78
Single parents	58	63
Parents with teens	53	50

Table 5.2: Priority Parent Target Groups in the Rank Order Chosen by Agencies and Professionals

Rank Order	Agencies	Rank Order	Professionals
1	Prone to child abuse/ neglect	1	Prone to child abuse/ neglect
2	Teenage parents	2 -3	Single parents
3	Single parents	2 -3	Teenage parents
4 -5	Parents with teens	4 -6	Low-income parents
4 -5	Parents with exceptional children	4 -6	Fathers
6-10	All parents	4 -6	Parents with exceptional children
6-10	Parents with infant - 3 yrs. child	7-10	Parents with infant - 3 yrs. child
6-10	Parents with 6 - 12 yrs. child	7-10	Parents with 4 - 5 yrs. child
6-10	Low income parents	7-10	Parents with teens
6-10	Pre-parent (youth)	7-10	Foster parents

Parents prone to child abuse and neglect were clearly the top priority. Seventy-four percent of the agencies and 86% of the professionals stated it was essential to target (additional) parent education to parents prone to child abuse/neglect. Some of the respondents explained that programs designed for "ordinary middle-class parents" are inappropriate. Others emphasized the fact that abusive/negligent parents have the greatest need for parent education -- they lack parenting skills and require extensive support.

Teenage parents were rated as the second priority by agencies and the third priority by professionals, although the importance ratings of professionals suggests that professionals believed it was the second most essential target group for additional services. Nearly 66% of the agencies and 78% of the professionals thought it was essential to target (additional) parent education to this group. Teenage parents were seen as a high risk goup; they lack parenting skills, and are under stress because they tend to be single parents and have financial difficulties. Their problems as parents are compounded by the fact they lack support networks; their "old friends" are not likely to be experienced parents. Furthermore, they are children themselves trying to meet their own developmental needs. Special programs need to be developed for them because they seldom attend parent education programs for adults, including prenatal classes.

Single parents, the third priority, was viewed as an essential target group for future parent education by 58% of the agencies and 63% of the professionals. Single parents were also seen as a high risk group, mainly because they lacked support, rather than skills. Single parents tend to have more stresses and be more isolated than other parents. Consequently, there is a need for more support groups.

A significant portion of respondents did not distinguish between parent education programs designed for teenage parents and programs designed for single parents. To them it was the young (under 25), isolated, single, low income mothers who were in desperate need of a support system and some means of learning more about parenting. They believed the more mature, single parent likely has more resources and knowledge.

Parents with teenage children were the fourth priority of agencies. Although it was a lower priority for professionals, half of them thought it was essential to develop additional services for parents of teens.

Agencies and professionals thought additional services should be developed for parents of teens because it is a difficult stage for teens and parents; family conflicts are common. Yet few programs and support groups are available for parents of teens. Emphasis has been placed upon young children, to the neglect of older children.

Parents with exceptional children were about the fifth priority for professionals and agencies, but relatively few agencies (28.9%) rated parents with exceptional children as an essential target group for additional services. Thus it appears that the few agencies who rated it as important also ranked it as a top priority. Four of the seven agencies who chose parenting of exceptional children as a top priority were various associations for handicapped persons. The government agencies that provided services for handicapped children and their parents, believed current services were adequate. Nearly one-half of the other agencies did not give their opinion because they were not familiar with services for parents of exceptional children. The importance of developing additional parent education services for this group is difficult to discern from the results of this survey.

The remaining thirteen target groups presented to respondents were also perceived as important target groups, but infrequently chosen as a priority.

Other Parent Groups. The list of nineteen potential parent target groups presented to respondents appears to have been fairly comprehensive; only three other groups were mentioned by respondents. Three agencies and four professionals recommended students be given parent education in schools. Five professionals and one agency thought some parent education programs should be designed for people with minimal education or low intelligence. A couple of professionals stated that parent education services should be based on the culture and language of various ethnic groups such as the Vietnamese and Natives. Given the few times these groups were mentioned, it is unlikely these groups would have been chosen as a top priority if they would have been presented to them as a potential target group.

C. Content

All topics listed in the questionnaire were considered important or essential by the majority (60 - 90%) of agencies and professionals. Usually no more than three agencies or professionals rated a topic as unimportant. (Tabled D-5 and D-6, Appendix D.)

Understandably, the majority of parents did not want to learn a lot about all topics. Some topics were only relevant to a portion of

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the parents. For example some topics were obviously most relevant to parents with infants, expectant parents, parents with very young children (learning to dress and feed themselves), divorced or single parents, and parents with exceptional children, adoptive children, foster children or twins. Ten to forty-five percent of the parents wished to learn a lot about these topics. Learning more about twins was of least importance to the majority of parents; whereas learning more about how to respond to the needs of children with an emotional problem was the most important 'special concern' topic. In fact only 16% were not at all interested in the latter topic (Table D-9).

Over three-quarters of the parents expressed a desire to learn more about the topics relevant to all parents (as opposed to special concern topics), but the degree to which parents wished to learn about each topic varied considerably. As few as 35% of the parents wished to learn a lot more about how to make the home safe for children, and as many as 81% wished to learn a lot more about how to build a child's self-esteem.

The significant differences in the number of parents wanting to learn a lot about the various topics allows us to determine the relative importance of topics for parents as a whole. Agencies and professionals indicated their preferences by selecting the three most important topics. The top priority topics of all three groups of respondents are listed below in rank order. (For more detail see Tables D-7, D-8, and D-9.)

Table 5.3: Priority Topics in the Rank Order Chosen by Respondents

Parents		Agencies		Professionals	
1	Social Emotional Well-Being	1	Social Emotional Well-Being	1	Social Emotional Well-Being
2	Growth-Development	2	Growth-Development	2	Parent-Self
3	Parent/Self	3-4	Child Management	3	Growth-Development
4	How to Help Children Learn and Cope in School	3-4	Parent Self	4	Child Management
5	How to Know if Something is Physically or Mentally Wrong	5	Divorce/Remarriage	5	Divorce/Remarriage

Social Emotional Well-Being. Clearly all topics related to the social emotional well-being of children were perceived as the most important, particularly the topics, communication skills, and building children's self-esteem. On the average, 76% of the parents wanted to learn more about these topics. Seventy-five percent of the professionals and 42% of the agencies chose this major topic area as their top priority.

Considering that the social-emotional well-being of children is the ultimate desire of parents and purpose of parent education, it is not surprising this topic area was given a high priority. Building a positive self-esteem in children was seen as the key because it effects every other aspect of the child.

Good communication skills were viewed as the basis for developing healthy relationships and eliminating family conflicts. According to numerous school personnel, parents were not teaching their children how to get along with others. Some children showed no consideration for others or knew how to compromise. Other children did not know how to socialize, possibly because they were from a small family and had been isolated at home. According to the comments of parents, many of them are concerned about the conflicts their children are having with siblings and neighbors.

Child Growth and Development topics were perceived by agencies as only slightly less important than the topics categorized under the Social Emotional Well-Being of Children; whereas other respondents tended to believe it was much less important. On the average 15% fewer parents wanted to learn a lot more about Child Growth and Development than the Social Emotional Well-Being of Children, and 25% fewer professionals ranked it as one of their top three priorities. In fact, merely one-third of the professionals selected Growth and Development as a top priority.

Respondents in favor of expanding this topic area explained it is important for parents to understand the developmental stages of children so they will be better able to respond appropriately and assist in the child's development. Parents agreed; they tended to be most interested in knowing how to help children learn. A few agencies and professionals stated that abusive parents tend to have unrealistic expectations of their children and thus it is very important that parent education for these parents include a description of child development stages.

Parent/Self. Attending to the needs of parents was the third priority for parents themselves and agencies, but the second priority for professionals. Most agencies and professionals held the philosophy that 'happy' parents are better parents; thus it is essential to help parents build a positive self-concept and teach them coping skills to deal with stress - their greatest problem. In fact, some respondents argued that parent education was futile unless parents were able to cope with the stresses they experienced. This is absolutely crucial for parents who are prone to child abuse or neglect.

Interestingly, only professionals working with low income parents (including teenage parents) pointed out that some parents did not know how to have fun with their children. Apparently low income parents are often so overwhelmed by the task of providing for the basic needs of their children, they don't know how to relax in their children's presence.

The responses of parents were fairly consistent with the responses of agencies and professionals. Slightly fewer parents were interested in learning about how to have fun with children and build family ties than learning how to handle the stresses and frustrations of parenting. Above all, parents (68%) wanted to learn a lot more about how to handle frustrations with disobedient children.

Child Management was the fourth priority for professionals. Agencies perceived it as being of equal importance to Parent/Self - their third priority. Discipline was believed to be a common concern of parents, especially parents of teenagers. They also claimed parents tend to use non-constructive methods of disciplining children. Definitely this was a problem of abusive parents.

In contrast, parents themselves rated child management/ discipline topics as one of their lowest priorities, although 47%

wanted to learn a lot more about disciplining children and it was the area of concern mentioned most frequently by parents who stated their concerns in addition to those listed. Although parents may be interested in other topics, possibly it is easiest for them to articulate their concerns about discipline.

Divorce/Remarriage. Professionals and agencies indicated that the topic 'How to help children deal with divorce or remarriage' was the fifth most important topic to be included in future parent education. Their reasoning was that the divorce rate is high in Alberta and many parents do not recognize or understand the effect it has on their children. Furthermore, divorce/remarriage issues are not covered by most parenting programs.

Approximately one-quarter of the parents in the survey were single, thus it is not surprising that 27% of them wished to learn a lot more about helping children deal with divorce/remarriage. Some parents from two parent families stated they wanted to have a better understanding of single parent families because they and their children interact with these families.

How to help children learn and cope in school was the fourth most important concern of parents, but was one of the last priorities for professionals and agencies. Sixty percent of the parents wanted to learn a lot more about helping their children in school. Unfortunately few parents gave their reasons and those that did merely stated they wanted their children to succeed in school and didn't know how to help.

Health and Safety topics in general were not viewed as extremely important, although 60% of the parents wanted to learn a lot more about 'How to know if something is physically or mentally wrong with children'. It was parents' fifth priority out of all the topics. Parents who were interviewed explained that early diagnosis was important so their child could get appropriate care as soon as possible.

Several agencies and professionals who thought health and safety topics were a top priority area of concern felt that the basic physical needs of many children were not being met. This concern was primarily expressed by professionals working with abusive/negligent parents, inner city residents or Natives. These parents are not at the level at which they can benefit from the "traditional" parent education programs.

Numerous respondents acknowledged that health and safety topics were covered by the health clinics, but a couple of nurses noted nutrition issues were not being adequately covered for school age children; nor were many single parents attending the prenatal classes, thus special prenatal classes should be developed. A couple of parent educators claimed that the clinics do not adequately cover the topic of infant care, particularly in prenatal classes.

Drugs; Teenagers. Learning 'how to deal with children and talk to children about drugs' and learning 'how to be better parents to teenagers' were the sixth and seventh most popular topics amongst parents; but these topics were a very low priority for professionals and agencies, particularly the topic concerning drugs. Only one professional chose 'drugs' as a top priority subject for parent education, yet 56% of the parents wanted to learn a lot more about this area. Some of the parents who were interviewed commented that they had no idea how to advise their children who were being exposed to drugs even in elementary school. It is a phenomenon they never encountered as children.

A similar number of parents (55%) wanted to learn how to be better parents to teenagers, even though only 31% of the parents had teenagers. One enthusiastic young mother who was interviewed said she wanted to prepare herself for the future. Obviously other parents held the same view.

Other Topics. Most of the topics added by respondents were a repeat of the topics already listed. Following are the unique topics added by one professional or agency:

a) How to build a support network.
b) How to deal with a spouse who is reluctant to participate in child care.
c) How to deal with peer pressures experienced by children.
d) How to communicate with school system and medical system on behalf of handicapped child.

The topics added by parents were:

a) How to handle disappointment with child.
b) Bed wetting.
c) Spiritual development.
d) How to get husband to take more responsibility in children.

None of these topics were mentioned by more than three parents.

D. Educational Approaches

Professionals and agencies were asked which educational approaches should be used in delivering (additional) parent education services; and parents were asked how much they liked each of the eleven approaches presented to them. Their preferences are illustrated below in Table 5.4.

Table 5.4: Educational Approaches in the Rank Order Chosen by Respondents

	Parents		Professionals		Agencies
1 - 3	Presentations/ Discussions	1	Self-help groups	1	Self-help groups
1 - 3	Lectures	2 -3	Home visits	2	Presentations/ Discussions
1 - 3	Conference	2 -3	T.V.	3	T.V.
4 - 4	Self-help group	4	Presentation/ Discussions	4	Modelling
4 - 5	Mailed material	5	Modelling	5	Home visits
6	Library	6	Individual Instruction	6 -7	Observation
7 - 9	Modelling	7	Observation	6 -7	Individual Instruction
7 - 9	T.V.	8	Library	8	Conference
7 - 9	Observation	9	Conference	9	Lectures
10	Individual Instruction	10	Mailed Materials	10-11	Library
11	Home visits	11	Lectures	10-11	Mailed Material

(For more detail see Tables D-10 to D-14.)

Agencies and professionals tended to recommend the same types of educational approaches. Their first preference - self-help groups, was chosen as a top priority by 58% of agencies and 68% of the professionals.

It was by far the most popular approach for professionals, but nearly as many agencies (55%) chose 'courses using presentations/discussions' as their top priority. Other fairly popular approaches of professionals and agencies were the use of T.V., modelling and home visits, which were chosen as a top priority by 20 - 30% of the professionals and agencies.

Parents, as a group, preferred a variety of approaches. Each approach was liked "a lot" by 30 - 50% of the parents, except individual instruction and home visits. The latter approaches were disliked by 38% and 45% of the parents respectively.

In fact only 19% of the parents expressed a strong liking for home visits. Upon further analysis of the preferred educational approaches of parents by the type of organizations from which they received the questionnaire, it was found that parents who were clients of social service agencies (particularly Edmonton Social Services) tended to like home visits more than other parents. Approximately 37% of the clients expressed a strong liking for home visits. There were no other major differences in the educational approach preferences of the various parent samples.

Interestingly, the most unfavorable approach for parents, home visits, was one of the preferred approaches of professionals and agencies. Also, the approaches most unfavorable to professionals and agencies - lectures, conferences and mailed reading material, were the most popular approaches of parents. Despite the vast ranking differences, parents did tend to agree with the other groups that courses using presentations and discussions, and self-help groups, were some of the best approaches. The responses of parents may have differed from the other two groups because professionals and agencies tended to have specific target groups in mind - parents who have the greatest need but are the least likely to seek parent education. The rationale for rating each approach as they did is reviewed next.

Parent Self-Help Groups (Discussion Groups) were thought to be important because parents discover they "are not alone" and have an opportunity to build a support network. Parents are able to share feelings, experiences and encourage one another.

Self-help groups also allow parents to learn from each other. There is much to be gained from those who have had similar experiences. In fact, "experienced" parents often have more credibility than "experts". In addition, sharing knowledge with the group may enhance parent's own self-esteem. Some respondents noted that self-help groups tend to be fairly informal, thus less threatening than formal programs.

There were basically no negative comments about self-help groups; although several people cautioned that the success of any group was very dependent upon the presence of a quailty facilitator.

Lectures/Presentations/Discussions. Professionals and agency representatives had a positive view of lectures when they were combined with a discussion group. The combination of methods was seen as ideal by a large majority. Lectures/presentations provide new information, new skills and stimulate discussion. Through discussion, parents are able to integrate the information with their own experiences, share feelings, and learn further from each other. The group is able to provide each other with support and feedback which is essential when trying new methods of parenting.

A few respondents stated that only the very motivated would attend a course. There were no other significant negative comments.

Lectures by 'Experts' was viewed by agencies and professionals as inappropriate for the parents who may need parent education the most. Only the well educated are likely to attend. There was also a reaction against the notion of "being lectured to by experts". The so called "experts", i.e. professionals, lack credibility with many parents, particularly if the "experts" have not been parents. This concern was echoed by some parents, nevertheless, lectures was one of their preferred approaches. A few professionals stated that lectures can provide parents with stimulating new ideas, but the lectures should be requested by parents.

Television. The use of television was a popular approach amongst professionals and agencies mainly because it reached a large diversified population, including parents who would never use any of the other approaches. In fact, some respondents argued that those who needed parent education the most tend to be faithful T.V. viewers. As well, T.V. programs are more accessible and non-threatening.

A variety of program formats were suggested. Several recommended short, three minute presentations (similar to those sponsored by A.A.D.A.C.). Others had visions of longer programs utilizing dramatization and discussion groups. In addition, some emphasized the need to provide viewers with the opportunity to participate, either through phoning in to join the discussion, or having a contact number to call if they would like to learn more. If nothing else, a T.V. program may stimulate their awareness and interst.

A sizeable portion of those opposed to developing T.V. programs felt that it was an ineffective educational tool. To them, personal interactions and feedback are essential. The remaining respondents believed that few people watched educational programs.

Parents who completed the questionnaire tended to prefer courses/lectures and reading more than watching television as a means of learning. Parents who were interviewed explained that they may watch programs but did not believe they would learn much. They questioned the quality of T.V. programs and their ability to learn by merely watching television. Thus they agreed with professionals and agencies that television could give them exposure to parent education but they would not learn much unless it was followed-up by other approaches.

Observation and Modelling approaches received similar responses from professionals and agencies. Nearly everyone who did not rate these approaches as important, did so because they were unfamiliar with modelling and observation as an educational technique.

Those who spoke highly of these approaches believed they were very effective teaching methods because they were less abstract and more experiential than other approaches. Parents actually see, and in the use of modelling, actually practice alternate parenting options.

As one parent explained, "there is nothing like seeing the real thing". There are many subtle behaviors (eg. body language) which cannot be conveyed in a printed or verbal presentation but are easily transmitted via observation. Modelling gets parents to participate, which also increases their interest and level of learning.

A few (8) agencies and professionals thought that observation and modelling approaches are only appropriate when combined with other approaches such as presentations/lectures. They were reluctant to give these approaches a high priority for this reason.

Nearly one-quarter (5) of the parents who suggested additional educational approaches, recommended some form of observation/ modelling in a natural setting, similar to the model used by observation nurseries. Four of the parents wanted to get together with other families, allow the children to play together and observe how other parents interact with their children. A couple of these parents thought this should be an extension of parenting courses. One parent thought the best way of learning about children was to be a volunteer aide in a nursery school or kindergarten.

The negative comments of parents indicated that many could not visualize how they could learn through observation and modelling. Also, some thought it would be "too artificial" , while others claimed they had already observed their children. It is difficult to determine what their reaction would be to concrete examples of educational programs using observation/modelling.

Home Visits were thought to be important primarily because they gave a more accurate, complete picture of the parents' situation. Educators can work with the whole family in their natural environment. Also, parents may feel more comfortable in their own home.

Home visits were also seen as a way to reach out to those who are reluctant to ask for help, often parents with a low self-esteem and severe problems. Home visits could be the first step to getting them involved in parent groups and programs. It is crucial the home visitor be someone familiar and non-threatening. A couple of native respondents suggested there be native health care workers. A few respondents thought home visits were ideal for parents who find it difficult to get outside their home due to transportation and child care problems.

On the other hand most respondents who objected to home visits believed parents would feel it is an intrusion. Parents on 'welfare' may view home visits as an excuse "to be snoopy". In contrast to individual instructions, the cost of home visits was not a major concern probably because home visits were primarily seen as a complementary element to parent education programs.

Some parents agreed that it would be helpful for an instructor to come to the home and get to know the family; but it is apparent from the negative responses by other parents that most would prefer not to have someone coming to their home giving them advice. Parents who were interviewed either were adverse to a stranger coming to their home, or felt their child's presence and the tasks around home would be too distracting.

Individual Instruction was a preference of several agencies and professionals because it was a way of reaching parents who do not attend group programs/events. They believe some parents feel uncomforatble talking about personal concerns in a group setting. Several other respondents thought that certain parents have very individual problems, thus require individual attention. This is the main reason why some respondents recommended individual instruction be used to complement group sessions.

Individual instruction was given low priority mainly by those who thought that either individual instruction was too expensive, and/or ineffective because the group learning process was absent. A couple of people saw individual instruction as threatening to parents and another two felt individual instruction was already available via counselling.

Parents who were interviewed tended to be ambivalent. On occasion they may wish to have someone they can go to for advice or information but sometimes they may wish to be in a group with other parents.

Conferences. Professionals and agency representatives in favor of (additional) conferences for parents thought parents would enjoy getting together with other parents, "re-charging" themselves and learning through a variety of methods. Parents tended to agree. But according to professionals and agencies opposed to funding additional conferences, the people who need parent education the most would not attend. The cost to parents was also a concern, but of secondary importance.

Library. Agencies and professionals opposed to developing a library for parents believed that it would not be well used, particularly by those who need parent education the most. Besides, reading material can be obtained from existing libraries.

Those in favor of a library for parents did not express any strong disagreement with these arguments. They agreed that libraries tend to be used by motivated 'middle class' parents, but they also felt this group should not be ignored. Resources should be made easily accessible for them. Four people recommended one area in the public library be set aside for parent education literature. An equal number of people recommended a resource centre (with a library) be established so parents had a place to obtain advice and take part in discussions with other parents. The latter was also suggested by a couple of parents.

Mailed Reading Material. Nearly everyone believed a mass mailing of reading material to parents was futile because parents would treat it as "junk mail" and in addition, some people seldom read. However, numerous respondents thought mailed material would be well used by those who requested it. Several nurses were impressed with the Pierre the Pelican newsletter. In addition to newsletters, a couple of people suggested pamphlets (such as those published by C.M.H.A.) be mailed to people who request advice on specific topic areas. Tailoring the information to their specific problems is important because adult learners are problem centered rather than subject centered learners.

Some parents who did not want reading material mailed to them stated they seldom read. Those who commented on the positive aspects of mailed material said they enjoyed reading and/or liked the flexibility of reading and learning whenever they had the time.

Other Educational Approaches were suggested by a few respondents. One or two professionals/agencies recommended each of the following:

a) Social activities integrated with parent education (to attract parents).
b) "Dial-a-Parent Advisor" (similar to Dial-a-Dietition).
c) On-going video presentations at health clinics.
d) Demonstration play groups in health clinics
e) Parent buddy system - parents helping parents.

A few parents recommended the approaches listed below:

a) Family outings or social activities integrated with parent education (in order to observe and model other families).
b) Films at school.
c) Cassettes/Tapes.
d) Lifeskills program with the children.
e) "Hotline" program for parenting tips.

Family social activities integrated with learning experiences was the only approach mentioned by more than three respondents.

E. Accessibility and Attractiveness

Developing additional parent education services would be a waste of resources if the new services were inaccessible and unattractive to parents. Thus professionals and agency representatives were asked why parents in need of parent education were not using existing services and how services could be made more accessible and attractive. Parents were also asked what would make it easier for them.

Reasons for Parents Not Using Present Services, as perceived by professionals and agency representatives are illustrated in Table 5.5.

Table 5.5: Reasons High Priority Target Groups of Parents Do Not Use Present Services, as Perceived by Parent Education Agencies and Professionals

	Number of Times Reasons Stated by:			
	Agencies		Professionals	
	#	(%)	#	(%)
1. Unmotivated	10	(13)	35	(30)
2. Unaware of services	8	(10)	23	(20)
3. Feel intimidated	10	(13)	20	(17)
4. Inaccessible	31	(40)	20	(17)
a) Child care problems	10		5	
b) Transportation	6		7	
c) Time offered	1		1	
d) Location	7		5	
e) Cost	7		2	
5. Lack appropriate services for:	19	(24)	19	(16)
a) Abusive/Negligent Parents	6		6	
b) Teenage Parents	6		3	
c) Single Parents	1		1	
d) Low Income	1		6	
e) Natives	1		1	
f) Parents with Handicapped children	3		0	
g) Foster Parents	0		1	
h) Fathers	1		1	
Total Number of Times Reasons Stated	78	(100)	117	(100)

Five major reasons were given. One reason was that parents are not motivated to use parent education services or have other priorities. Others have difficulty finding the time or merely are apathetic.

Secondly, parents are unaware of services particularly if they are not in contact with social service agencies. They are not aware that programs exist for the general public, not only for the "troubled parents".

Third, it is intimidating for some parents to use parent education services. To some it implies they are incompetent parents. Others may wish to avoid any situations similar to their negative school situation or negative experience with professionals. Also child abusers, single parents and parents with troubled teens may not want to identify themselves with a stigmatized group.

Fourth, present services are inaccessible to numerous parents mainly because they have difficulty arranging and/or paying for child care and difficulty getting to the program. This is a significant deterrent for low-income single mothers with young children. Parents with handicapped children also have great difficulty finding appropriate child care.

The location of parent education services outside the neighborhoods of parents apparently make it difficult for parents to get to programs. Respondents mentioned that there were few programs in the inner city or Idylewylde. The cost was a deterrent mainly to low-income parents.

The final reason given for parents not using existing services was that there are no appropriate services for some groups. The most frequently mentioned groups were abusive or negligent parents, teenage parents and low-income parents. Parents Anonymous no longer exists in

Edmonton and there is only one program for abusive parents in Edmonton (offered by F.L.E.C.). It was noted that the only program for teenage parents, not affiliated with Terra or Woodside, was the summer pilot project - the Teen Mothers Program. Many professionals also claimed that present programs were too 'middle class oriented' for low income people.

Approximately one-quarter of the agency representatives stated that parents did not use existing services because they were unmotivated, unaware of services and/or felt intimidated. Equally important, according to agency representatives, was that services were inaccessible to some parents or appropriate services were unavailable. Relatively fewer professionals stated these reasons for parents not using existing services. Perhaps those professionals who were not very familiar with parent education services in Edmonton did not know whether inaccessibility or unavailability was the problem.

Increasing Accessibility and Attractiveness. As illustrated in Table 5.6, the most common suggestion by agencies and professionals was to advertise and promote the benefits of parent education. A promotional campaign was recommended by over one-half of the agencies and one-quarter of the professionals. A couple of these people felt that a central, information phone number should be advertised. Nearly one-quarter of the parent education agencies recommended a campaign to promote the value of parent education. (The format could be similar to the ads sponsored by A.A.D.A.C. or the Latter Day Saints.) These ads would not only increase parents' awareness of existing services, they

Table 5.6: Suggested Means of Increasing Accessibility and Attractiveness of Parent Education

Suggestion	Suggestions Given by: Agencies		Professionals	
	#	(%)	#	(%)
Advertise/Promote Benefits or Parent Education	19	(24)	22	(17)
Offer Parent Education in Local Communities	12	(15)	18	(14)
Emphasize the use of informal groups, with a social networking component	4	(5)	17	(13)
Deliver Parent Education Through Existing Parent Groups and Agencies in Contact With Parents	2	(3)	12	(9)
Improve Quality of Educators/ Facilitators	9	(11)	18	(14)
More Outreach	2	(2)	12	(8)
Provide Transportation	0	(0)	4	(3)
Provide Child Care	12	(15)	12	(9)
Minimal Fee	5	(6)	3	(2)
Offer at a Time Convenient for Working Parents	2	(2)	2	(1)
Change Target Groups	6	(8)	2	(1)
Change Educational Method	6	(8)	2	(1)
Total Number of Suggestions	79	(100)	132	(100)

would dispell the myth that parenting skills are inherent and only incompetent parents need further education.

A couple of parents expressed the desire for a campaign to dispell the myth so they would not be stigmatized as "bad parents" by their friends and family. Several other parents recommended better advertisement of programs.

A common theme throughout most of the suggestions by agencies and professionals was to bring parent education services to the people and make it an integral part of their existing patterns of interaction and familiar surroundings. If this was achieved, the lack of motivation to seek parent education, lack of awareness of these services and intimidation experienced by parents would be eradicated.

To achieve this end, about one-third of the parent educators and nearly one-quarter of the professionals suggested parent education be offered in the local community, using local facilities such as schools, churches, community buildings, and health clinics. Increased physical accessibility was also a major argument in support of decentralizing parent education services.

According to parents, some local organizations and services are used more frequently than others. Parents were asked where they have gone to for advice and information on parenting in the past. The vast majority had gone to friends/family, physicians and libraries/bookstores. Nearly half had used nurses, school counsellors and course/discussion groups as sources of information. Approximately 30% had sought information from social workers, and less than a quarter of the parents had ever used the following: day care staff, staff at family agency and church personnel. (See Table D-21 for more detail.) This implies that in order to make services accessible to parents, physicians, libraries, nurses (health clinics) and schools in particular should be able to provide adequate information/resources or be able to refer parents to more appropriate sources.

The majority of parents (59%) who completed the questionnaire indicated that having parent education near their homes was important to them (Table D-15). Twenty-two parents said they would not use parent education services if they had to travel outside their neighborhood.

Professionals stressed the importance of delivering parent education through existing parent groups (eg. Mothers Day Out Programs, Moms & Tots Groups) or agencies already providing on-going support to parents (eg. Day Care, Schools, Health Clinics, Boys and Girls Clubs). They emphasized that the learning groups should be as informal as possible and have a social networking component. This will create an enjoyable, comfortable learning environment and will allow a long term support network to develop.

The quality of educators was a concern to one-quarter of the agencies and professionals. Most notably, parent associations for parents of handicapped children emphasized the importance of sympathetic, caring instructors. Others, in particular people working with natives, felt that more parents with life experiences similar to the learning group should be trained as parent educators.

Over 30% of the agencies and 15% of the professionals stated that child care was essential, especially for teenage parents and single parents. Twenty percent of the parents indicated they would not take a parenting course if child care was not provided (Table D-16). It was not only important to single parents. Several mothers emphasized there was no value in attending a course unless their husbands also attended. Only forty-five percent of the parents stated they would very likely use parent education services even if child care was not provided.

A few professionals and agencies suggested that single parents, teenage parents, as well as abusive/negligent parents should have special educational group programs developed for them. Apparently these parents do not feel comfortable when mixed with "normal couples"; nor are their special needs adequately addressed.

Three agencies and four professionals recommended parent education be incorporated in the school curriculum. This may be the only way to reach people who otherwise will never use parent education; and it may sensitize them to their need for more parent education.

Only a few agencies and professionals recommended more outreach work, paid transportation (for low-income parents), minimal fees, times convenient for employed parents and changes in the educational methods used.

Several parents, all low-income parents, said it would be easier for them to take a parenting course if transportation was provided. Fees did not seem to be an issue for most parents, although three-quarters of the parents were not willing to pay more than twenty-five dollars for a parenting course or anything else they may do to learn about parenting in the next six months (Table D-17).

Finding time for parent education appears to be more of an issue for parents than the time of day it is offered. Evenings tend to be the preferred time (Table D-18), but parents did not mention any difficulty in finding services at convenient times. Forty percent of the parents did indicate though that they would not like to spend more than four hours in the next six months learning about parenting (Table D-19). Thus there are a limited number of educational approaches that would be attractive to these parents, such as lectures and reading material mailed to them.

Few parents responded to the open-ended question asking them what would make it easier for them to take a course or do other things to learn more about parenting. They did not add any further suggestions as to how parent education could be made more accessible.

F. Support Services for Parent Educators

As was noted in the previous section, the attractiveness of parent education programs is dependent upon the quality of parent educators; thus support services are necessary. Fifth to sixty percent of the parent education agencies indicated it was important or essential to provide additional resource material, training, conferences/workshops and a clearing house for information (Table D-20). Additional co-ordinating services were viewed as slightly less important. No other support services were recommended.

Several agencies made unsolicitated comments about the demise of the Parent Resource Unit which had provided most of the support services in previous years. They believed the Parent Resource Unit was serving a valuable role and the service should be continued. Apparently the parent associations relied heavily upon their support services; to quote from one association:

> "The Parent Resource Unit provided our group with material, consultation, leadership training, and was the only agency who seemed to make needed projects happen."

Agencies were uncertain where to obtain support services in the future.

G. Summary

There is a perceived need for additional parent education services. According to parent education agencies and professionals, additional parent education services should be targeted to the following groups listed in order of priority:

- parents prone to child abuse/neglect,
- teenage parents,
- single parents, and
- parents with teenagers.

Additional services may be required for parents with handicapped children, but the results of this survey are inconclusive.

The topics related to the Social-Emotional Well Being of Children, Growth and Development, and Parent/Self were all perceived as high priority topics by agencies, professionals and parents. Parents as a group did not agree with agencies and professionals about the relative importance of other topics. It was assumed by agencies and professionals that parents were very concerned about discipline, but contrary to their belief it was of relatively low interest to parents in the survey. Possibly it is easier for parents to describe discipline problems than to articulate their other concerns.

Also counter to the perceptions of agencies and professionals, a large majority of parents expressed a strong interest in learning more about:

- How to know if something is physically or mentally wrong with children
- How to help children learn and cope in school
- How to deal with children and talk to children about drugs
- How to be better parents to teenagers.

The latter three topics are most relevant to parents with school age children, particularly teenagers. This is additional evidence that more parent education services should be developed for parents with teenagers.

Agencies and professionals highly recommended additional parent education services cover the topic of divorce/remarriage. Given that only 27% of the parents were very interested in this topic, it may be best to have special programs, lectures, literature or other types of educational services to deal with this topic.

According to the responses of agencies, professionals and parents, it is important to have a variety of educational approaches available to parents, but some approaches were perceived as slightly more important than others. The major findings are as follows:

a) The most preferred approaches were courses using group discussion and presentations, and self-help groups (parent discussion groups).

b) Modelling was generally viewed by professionals and agencies as an effective educational method which should be used more frequently. A majority of parents liked this approach.

c) Lectures and conferences, were one of the most preferred approaches of parents, possibly because these were group approaches which require a limited time commitment; approximately 40% of the parents did not want to spend more than four hours on parent education in the next six months. Professionals and agencies believed that parents who needed parent education the most (eg. abusive/negligent parents) would not use lectures or conferences thus the development of these approaches was seen as a low priority.

d) Television was highly recommended by agencies and professionals as a means of reaching those who are unmotivated or inaccessible to other approaches, although it was generally viewed as an ineffective teaching tool. Nearly 75% of the parents said they would use T.V.. although more parents preferred other approaches.

e) Most parents indicated they wished to learn by reading library material or material mailed to them, However, professionals and agencies believed library resources were presently adequate, and few parents would read mailed material unless they requested it.

f) Parents tended to dislike home visiting and individual instruction.

In general. the educational approaches in order or priority are: the group approaches, the mass media approaches, (T.V.; reading), and individual approaches.

According to agencies, professionals. and to some extent parents, the best means of improving the attractiveness and accessibility of parent education is to:

a) advertise and promote parent education

b) offer services within local communities, local facilities, and as much as possible though existing agencies and groups in contact with parents - schools, clinics, day-care centres, community groups, mother's groups

c) provide child care

d) develop programs specifically for abusive/negligent parents, and teenage parents

e) maintain minimal fees for all parent education services

f) ensure adequate training of para professionals (experienced parents) to be parent educators/ group facilitators

The majority of parent education agencies believed the development of additional training and other support services for educators was important. Several expressed regrets that the Parent Resource Unit had closed.

CHAPTER VI

FUNDING AND JURISDICTION

The purpose of this chapter is to establish which organizations, or departments of government, have within their jurisdiction some responsibility for either funding or for ensuring the adequate provision of parenting education services in the city. This certainly requires clarification as there are a number of different organizations undertaking the responsibility of either a) funding, b) initiating/ organizing or c) delivering parent education services. Some organizations have it within their jurisdiction to assume all these responsibilities, whereas others assume one or two of these responsibilities which must be undertaken before parent education services can be implemented. The question as to who is responsible for parent education is further complicated by the fact that some organizations are only responsible for certain segments of the population. Furthermore,some organizations will only initiate, deliver or fund certain types of parent education services. Jurisdiction boundaries are not only complex, they are unclear at this time due to the recent policy changes of Alberta Social Services and Community Health resulting in the closing of the Parent Resource Unit and the transfer of responsibilities.

These recent changes will be reviewed before describing the jurisdictions of the various organizations responsible for parent education. Then, this chapter will examine the degree to which these organizations actually carried out their funding and delivery responsibilities in 1981/82. The opinions of parent education agencies and professionals will be examined prior to drawing any conclusions as to who would be most appropriate to undertake the responsibility of ensuring the provision of additional services.

A. Jurisdictions

Recent Changes. As of April 1982, Alberta Social Services and Community Health implemented a policy that they would no longer directly provide educational services. The result of this has been the closing of the Parent Resource Unit. The responsibilities of the Parent Resource Unit have, to some extent, been transferred to other branches of the Department, and to Early Childhood Services.

The goal of the Parent Resource Unit was to provide consultation to agencies, organizations, institutions, and groups to assist with planning, development and implementation of programs and co-ordination of activities on behalf of parents and care givers of young children. Through nine consultants and a Director, the Unit provided services to local Advisory Groups of ECS programs, parent organizations and associations, agencies offering services to parents, Government departments, and School administrations, throughout the Province.

Many of the functions carried out by the Parent Resource Unit which relate to Early Childhood Services, have been transferred to Alberta Education. Early Childhood Services has introduced four new (temporary) consultant positions, one for the Edmonton area. The job description is as follows:

> The primary purpose of this position is to provide consultative services to ECS operators, local advisory committees, and parent groups associated with ECS programs that will assist parents to become actively and meaningfully involved with their children's development ... The dimensions of responsibility shall include assisting parents to: identify needs, enhance their knowledge and skills to meet special and developmental needs of their children, help their own children in the home, provide advice to operators (LAC), actively support the ECS programs.

For the fiscal year 1982-83, ECS has received $50,000 in grants transferred from the Parent Resource Unit. ECS has taken the responsibility of distributing the grants to voluntary non-profit umbrella groups (eg. Parent Kindergarten Assn., Co-Ordinating Committee for Parenting Agencies in Edmonton) for sponsoring joint parent education efforts. Commitments made to groups for 1982-83 will be honoured. ECS has requested funds for the grant program in their 1983-84 budget. If attained, first priority will be given to parent councils involved with ECS programs.[1]

Resource material most relevant to ECS has been transferred to that Branch, and most of the remaining material was given to FCSS.[2] The material will be available to support municipal FCSS programs. However, the FCSS central office did not gain any additional personnel thus will only be able to provide a library service with minimal consultation to persons requesting information. FCSS will not develop new resource material or revise and update information. Also, they

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1. Interview with Director of Early Childhood Services.
2. The provincial Family and Community Support Services of Alberta Social Services and Community Health.

will not train leaders thus the parent education modules which require the training of teachers to make them accessible to the public, have to be transferred elsewhere.

Resource material more closely related to other areas of the Department than FCSS have been transferred to Child Welfare, Community Health, and Day Care. It is uncertain whether these units will be able to assume the additional consulting and community development work.

It is uncertain who will undertake the responsibility of initiating, delivering and funding some of the parent education services once provided by the Parent Resource Unit. This will depend in part upon who has the mandate to do so.

Alberta Education is responsible for the education of children who are either in grades 1 through 12, or in Early Childhood Services programs. Although the Departments' goal is to educate children (not adults), the Department does have the mandate to provide parent education through

a) the school curriculum,
b) Early Childhood Services, and
c) Community Schools.

The goals of ECS are as follows:

a) to enhance the physical, emotional, social, intellectual, and creative development of young children, as well as contribute to the development of a positive self-concept in young children.

b) to contribute to the involvement of parents.

c) to enhance the knowledge and skills required by staff to develop, implement and evaluate the ECS program.

d) to contribute to a comprehensive, co-ordinated system of early childhood services which includes:

  - providing opportunities for individuals, families and communities to identify needs as they relate to young children and to work co-operatively to meet these needs.
  - identifying gaps in services for young children and their families.
  - using existing services for young children and their families.
  - developing and providing required services.
  - planning and implementing a co-ordinated delivery of services (1)

As their goals specify, parent involvement is an integral component of ECS programs. ECS has stipulated that to contribute to parent involvement, ECS programs should provide parents the opportunity to "enhance their knowledge and acquire the skills and attitudes necessary to meet the developmental and special needs of their children". (2) Thus it is the goal of ECS to ensure parent education services are available and accessible to parents of young children and parent educators who are involved with ECS services.

Community Schools offer an avenue for parent education. By design a community school is to include the following characteristics which are relevant to parent education:

a) there is an effective involvement of parents and other community members in helping to develop the curriculum of the school and in helping teachers through appropriate voluntary services.

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(1) Early Childhood Services, ECS Philosophy, Goals and Program Dimensions, Interim Edition, 1982, p. 9 - 10.

(2) ibid, p. 29.

b) although the education of the young is the priority, all members of the community are potential students, including pre-schoolers and adults of all ages.

c) the school co-operates with other community organizations and agencies to provide comprehensive educational, recreational and social services to people in the school attendance area.

d) the school facility is available for educational, recreational, cultural, and social use. (1)

The sponsoring of parent education programs is consistent with the philosophy and goals of community schools. Community schools receive additional financial assistance from the Interdepartmental Community School Committee comprising Alberta Education, Recreation and Parks, Culture, and Advanced Education and Manpower. Alberta Education administers the grants. A School Board, in co-operation with the local Municipalities is eligible for grants to cover the cost of:

a) a person or part-time persons performing a leadership role,

b) administration and community use of facilities, and

c) a flexibility grant of $5,000 to be used as desired by the school.

The Community School co-ordinator(s), parents, and/or school staff could initiate parent education services. School personnel do not have the responsibility of providing parent education services, nor do they necessarily have the expertise, thus these services would have to be obtained from external sources, and perhaps purchased. Funds could be obtained from the Community School's flexibility grant, Advanced Education (if a course was offered), and/or user fees.

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(1) Government of Alberta, Interdepartmental Community School Committee (1981) "Beyond the Classroom Walls"

School Boards do not receive funds for parent education services from Alberta Education. However, it is left to the discretion of School Boards as to whether or not they will use municipal taxes for parent education.

Advanced Education and Manpower directs and co-ordinates the provision of educational services to adult Albertans. Their Further Education branch has two main functions: to provide incentive grants for non-credit further education courses approved by local Further Education Councils, and to ensure that these councils co-ordinate further education programs at the local level. (1)

The local Further Education Council for Edmonton is E.A.C.E.R. (The Edmonton Association for Continuing Education and Recreation). E.A.C.E.R. provides grants to Local Hosting Authorities for completed non-credit further education courses. The grants must be wholly applied to reduce the direct instructional costs of further education courses. Local Hosting Authorities are responsible for developing and offering courses.

The local authorities may be an Alberta public advanced education institution (eg. Universities, Colleges, School Boards), a public agency (eg. public health unit, FCSS office), or a non-profit agency. (2) They can receive grants for non-credit courses offered to parents or volunteer parent educators.

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(1) Alberta Advanced Education and Manpower, Annual Report, 1980-81.

(2) Alberta Advanced Education and Manpower, Further Education, Policy, Guidelines, Procedures, April 1, 1982.

Alberta Social Services and Community Health offers a variety of programs to persons and families with physical, economic, or social needs. Parent education is generic to the services offered by a variety of ASS&CH programs, but responsibility for parent education mainly falls within the jurisdiction of:

1) the Child Welfare Branch, and
2) Community Social and Health Services which funds:
   a) Local Health Authorities, and
   b) Family and Community Support Services.

Community Social and Health Services are to provide primary preventive services, whereas the Child Welfare Branch is more concerned with secondary prevention.

1. Child Welfare Branch

The most recent manual of the Child Welfare Branch describes the mandate of the Branch and its services. This document explains that the Child Welfare Branch programs and services for children and families are provided on the basis of the authority given in the Child Welfare Act. This legislation provides for the appointment of a Director of Child Welfare and prescribes his responsibilities. Section 5(2)(a) of the Child Welfare Act states:

> "As part of his duties the Director shall ... arrange for the investigation of allegations or evidence that children may be in need of protection and, where necessary, see that protection is provided, and provide guidance, counselling and other services to families for the protection of children."

In partial fulfillment of this duty (underlined above), the Child Welfare Branch has created a program which provides Family Support Services.

> Family Support Services refers to support and/or services provided to a family for the purpose of supporting and maintaining the family unit and avoiding conditions that would necessitate the removal of a child or children from the home. (1)

By definition, these services would include parent education. Child welfare workers may access family support services for their clients through the program. The Family Support Program either directly provides family support services or utilizes resources already existing in the community. If necessary, services are purchased for families who are financially unable to pay for the service.

Although the Child Welfare Branch does not have the jurisdiction to provide family support services to families not in their Child Protection caseload, the Branch is responsible for "encouraging and assisting in the development of community services which support and assist children and families". (2) They are to work with community agencies to promote the best possible services to children and their families. This can take the form of funding community agencies to provide these services. For example the Branch has funded family aid, and life skills programs which are targeted to high risk families. (3)

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(1) Alberta Social Services and Community Health, Child Welfare Programs, April 1982, p 77.

(2) Alberta Social Services and Community Health, Child Welfare Programs, April, 1982, p. 2.

(3) For example, the Child Welfare Branch funds the Family Aide Program of the Family Services Association.

The Child Welfare Branch also has a mandate to provide at least minimal parent education during the basic orientation program which all foster parents are expected to complete. More importantly, the Branch provides financial assistance to the Foster Parent Association, and the assistance of a consultant at each district office. The level of parent education offered through each local association is determined by the local association in collaboration with the consultant; and naturally is limited by the monies received from the Child Welfare Branch and external sources.

2. a) Local Health Authorities

Alberta Social Services and Community Health funds Local Health Authorities which are to provide a broad range of services designed to help prevent the development of health problems among children and adults. They are encouraged to develop and implement health education and health promotion programs. (1) The extent to which this includes parent education is determined by the Local Health Authority, and to some extent by individual health units.

2. b) Family and Community Support Services

Municipalities receive up to 80% of their funds from ASS&CH for Family and Community Support Services. The municipality decides which programs it will fund. A local FCSS program is intended to:

a) promote, encourage and facilitate voluntarism and the use of volunteers

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(1) Alberta Social Services and Community Health. Annual Report, 1979-80.

> b) be of a preventive nature to:
>
> i) enhance, strengthen and stabilize family and community life,
> ii) improve the ability of persons to identify and act on their own social needs,
> iii) help avert family or community social breakdown, or
> iv) if early symptoms of social break-down do appear, help prevent the development of a crisis that may require major intervention or rehabilitative measures. (1)

A municipal FCSS program may offer:

> Services that enrich and strengthen family life by developing skills in people, helping them to function more effectively in their environment. These might include ... parenting and family life education programs; ... programs for single adults and single parents; courses designed to enhance self awareness and personal growth; individual, family and group counselling services that are educational and not treatment oriented. (2)

Parent education very clearly falls within the mandate of FCSS, unless other government and private agencies offer these services. FCSS guidelines stipulate that a municipal FCSS Program may not create or operate services which:

> duplicate services that are available from or within the jurisdiction of another government agency, or provide services that may otherwise be reasonably accessible to residents of the municipality.

Thus FCSS responsibilities are defined by the roles of other government and private agencies. Given the multitude of agencies involved in parent education, and their ill-defined responsibility with respect to parent education the role of FCSS is unclear.

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(1) Alberta Social Services and Community Health (1982). Family and Community Support Services Handbook, An Administration and Planning Guide, p. 2

(2) Ibid., p.5

Other government departments such as Alberta Consumer and Corporate Affairs, the Alcohol and Drug Commission, and Alberta Agriculture (in the rural areas), Parks and Recreation, as well as Alberta Access all have a role to play in parent education, albeit a minor role in comparison to the government bodies discussed previously.

United Way has shown a commitment to support services strengthening the family. In the past they funded parent education services delivered by family service agencies and associations. Most recently United Way has provided one year development project funding for a Child/Parent Learning Centre.

Independent, Self-Supporting organizations such as churches, community leagues, and various parent associations could sponsor parent education endeavors given adequate resources and expertise. Many of the self-supporting agencies in Edmonton have relied on external support services, such as the provision of resource material, speakers, and the training and/or provision of parent education leaders/facilitators.

Summary. Parent education falls within the jurisdiction of a variety of organizations/groups, each assuming varying degrees and kinds of responsibilities. Their responsibilities include:

a) initiating/organizing,
b) delivering and/or
c) funding parent education services.

The major funders tend not to take the responsibility for initiating parent education. Generally the onus is on local groups such as Local Advisory Councils (of ECS programs), Community Schools, School

Boards, health clinics or local health authorities, educational institutions and agencies offering non-credit courses for adults, social service agencies, and parent associations/groups. However, Child Welfare has the responsibility of ensuring adequate family support services are available, particularly for high risk families and foster parents.

Most of the organizations who are responsible for initiating parent education do not have sufficient internal material or personnel to actually deliver parent education, in particular, the "grass-roots" community organizations - schools, Advisory Councils of ECS programs, and parent groups/associations tend to rely on other organizations (referred to elsewhere in the report as parent education agencies) for resource material and personnel. The organizations which have a major responsibility to deliver parent education are public health clinics, adult education institutions and agencies, and social service agencies (particularly family agencies), and to some extent, parent organizations.

It is unclear who is taking responsibility for the provision of support services (training, consultation, etc.) for parent educators, but it does fall within the mandate of Early Child Services (for ECS programs), FCSS, and other Alberta Social Service and Community Health branches - Community Health, Family Planning, Child Welfare, and Day Care. Presently FCSS is the only body which has a broad enough target population to include all types of parent education services within its mandate.

Funding for parent education is available from a number of sources. The ECS Branch makes funds available for their programs. Community Schools and School Boards have the jurisdiction to fund parent education services sponsored by their schools. Further Education will subsidize courses, but not other forms of parent education. Child Welfare funds parent education components of their broader services, and to some extent, so do other branches of Alberta Social Services and Community Health. Of all the government programs, Family and Community Support Services has the most responsibility for funding preventive social services, such as parent education. United Way is the major non-government funder. In brief, the major sources of funds are Alberta Education, Further Education, Alberta Social Services and Community Health (including FCSS), and United Way.

There are a number of potential initiators, deliverers and funders of parent education services. The extent to which these organizations have actually undertaken the responsibilities which fall within their jurisdiction is examined next.

B. Funding and Delivery of Parent Education Services 1981-82

Agencies delivering parent education services (other than the Parent Resource Unit) did not have parent education as their sole responsibility. They primarily delivered other health, education, and social services. (Refer to Appendix B for the list of agencies and the main types of services they offered.) Over two-thirds of the agencies received funds from Government and the remainder were basically self-supporting. Table 6.1 illustrates the number of agencies and the number of their programs that were funded by each funding body.

Table 6.1: Major Funders of Parent Education Services in Edmonton, 1981-82.

Major Funder	No. of Agencies Providing Support Services and/or Programs	No. of Agencies Providing Programs	No. of Programs	% of Programs
Alberta Social Services and Community Health	11 (1)	7	17	(19)
Family and Community Support Services	11	9	30	(33)
Advanced Education, Further Education	3 (2)	3	6	(7)
Alberta Education, ECS	3 (3)	0	0	(0)
Other Government Depts.	4	2	6	(7)
United Way	6	2	5	(6)
Self-Supporting	21	10	23	(25)
Unknown	2	1	3	(3)
	61	34	90	(100)

(1) The health units in Edmonton have been counted as one agency.

(2) Further Education provided funds to at least four other parent education agencies, but was not a major funder.

(3) E.C.S. Centres have not been counted individually.

The majority of self-supporting agencies were parent associations. They tended to offer support services (for example, the organization of speakers for parent meetings) rather than formal programs. Very few (6%) of the formal programs were completely self-supporting. Sixteen of the twenty-three programs offered by basically self-supporting agencies were subsidized to some extent by Further Education.

In total, Further Education subsidized 43% (39) of all formal parent education programs (courses) offered in Edmonton during 1981 - 1982. However, Further Education funded no educational support services for parents or parent educators.

Early Childhood Services (ECS) of Alberta Education funded and delivered support services for parents and parent educators (mainly Centre operators), through their provincial office and the two Edmonton school boards. Each school board was responsible for the administration of the numerous ECS centres which primarily served preschool handicapped children and other children 4 to 5 years of age, and their parents. Each centre was to have a parent involvement component, which included an opportunity for parents to enhance their knowledge and skills about parenting. To assist parents, ECS developed resource material and had consultants available to help Centres access community resources.

About one-third of the agencies offering parent education were funded primarily by Alberta Social Services and Community Health (ASSCH) either directly through the Department's programs or indirectly through Family and Community Support Services (FCSS). FCSS funded a third of the formal programs offered in Edmonton, 1981-82. These programs were delivered, for the most part, by Edmonton Social Service Units, and the Family Life Education Council. Their programs tended to be open to the general public, whereas most agencies funded directly by ASSCH developed parent education services available only to their clients.

Eight agencies, funded directly by ASSCH, provided parent education either for parents of handicapped children, parents of juvenile delinquents, young unwed mothers, foster parents, or parents prone to child abuse/neglect. Alberta Social Services also funded the Family Life Improvement Program of Native Counselling Services which had a significant parent education component.

The general public received parent education services from the Local Board of Health and the Parent Resource Unit, both funded by ASSCH. The health units primarily provided prenatal/postnatal classes, whereas the Parent Resource Unit provided educational resources for parents and extensive support services for parent education agencies.

C. Opinions of Professionals and Parent Education Agencies

Recommended Deliverers. Professional and representatives of parent education agencies believed additional parent education services should be provided by a variety of organizations. Public health units, schools, social service agencies, and community organizations were each recommended by approximately one-quarter of the professionals. In contrast, parent education agencies only emphasized the role of educational institutions (including schools) and social service agencies. (See Table 6.2.)

In general, agencies and professionals believed social service agencies have the resources and the expertise of offer parent education, particularly those agencies which already provide family support services.

Several agencies and professionals recommended Edmonton Social Services because they already have decentralized facilities. The alternative recommendation was to have a central parent resource centre which would provide, on request, parent education services for community based organizations such as schools, community leagues, subsidized housing tenants associations, and mother's groups. The central agency would have the expertise to design a program or provide resources to meet the varying special needs of parents, yet the services would be physically decentralized because the staff would go to the community.

The educational system, schools in particular, were highly recommended as an appropriate delivery agent of parent education for a number of reasons. First and foremost, schools were community based and had contact with more parents than any other organization. Furthermore, schools have the facilities and, according to some respondents, educational institutions do not have the negative stigma attached to social service organizations. On the other hand, some respondents explained that schools theoretically are the ideal places for parent education but the orientation of most Edmonton schools must change first. Parents primarily have had contact with the schools when their children have had problems. Schools must provide more opportunities for the positive involvement of parents so parents are attracted to school sponsored programs; and also so parents themselves have the mechanism and resources to initiate parent education services for themselves.

Table 6.2: Initiators/Deliverers Recommended by Agencies (N=25) and Professionals (N=73)

Initiator/Deliverer	Number of Times Recommended by: Agencies		Professionals	
	#	%	#	%
A. Health Organizations				
Public Health Units	3		24	
Hospitals	0		3	
	3	(4)	27	(19)
B. Educational Institutions				
Non-specific	3		3	
ECS	0		3	
Schools	11		25	
Universities/Colleges	6		4	
	20	(30)	35	(25)
C. Social Service Agencies				
Non-specific	9		5	
FCSS	0		5	
Edmonton Social Services	4		5	
Private Agencies/Family Agencies	4		8	
Central Resource Unit	3		2	
Day Care, Boys & Girls Club	1		7	
	21	(32)	32	(23)
D. Community Organizations				
Non-specific	0		14	
Community Leagues/Centres	0		6	
Parks & Recreation; Y's	0		3	
Churches	0		3	
	0		26	(18)
E. Other				
Existing Providers	2		5	
Variety	3		8	
Parent Associations	4		0	
Employers	0		2	
Unions	0		2	
	9	(13)	17	(12)
F. No Answer				
	13	(20)	5	
TOTAL NO. OF RECOMMENDATIONS	66	(100)	142	(100)

The few people who recommended colleges and universities provide parent education programs believed these organizations have the most expertise and status, thus would be attractive to parents. On the other hand, people who have never been to college or university may be reluctant to attend even non-credit courses at these institutions.

Public health units and schools were recommended for very similar reasons. Health units were community based and were in contact with more parents at the prenatal stage and parents with infants than any other organization. Nurses are non-threatening and trusted by people, as well as being seen as a credible source of information/advice. Some professionals noted that nurses may not have the time or expertise to offer parent education programs themselves, but the health units could sponsor programs which could draw upon the expertise of other agencies. Agencies tended not to suggest nurses because they felt there were enough prenatal-postnatal classes, and did not see a role for the clinics beyond health education.

A significant portion of the professionals recommended parent education be offered by community organizations, such as neighborhood centres, community leagues, YMCA and YWCA, and churches, because these organizations have contact with parents and are accepted by parents as having services relevant to the average person in their community. Agencies may not have recommended community groups as an avenue because they interpreted the question as "who should provide (deliver) parent education", whereas, many professionals interpreted the question as "who should offer, or rather, sponsor (initiate) parent education".

Parent education agencies possibly believe neighborhood organizations did not have the expertise to actually deliver parent education services. There is no indication they were opposed to these organizations initiating and sponsoring these services.

Parent education agencies were asked who they thought should provide additional support services for educators. Less than one half of the agencies responded. As illustrated in Table 6.3, a significant portion thought these services should be available through a centralized resource centre similar to the defunct Parent Resource Unit.

Table 6.3: Initiators/Deliverers of Support Services for Parent Educators, Recommended by Agencies (N=17)

Recommended Organization	Frequency of Recommendation
Central Resource Centre	10
Alberta Social Services and Community Health	3
Edmonton Social Services	1
Family Life Education Council	1
Private Agency	1
School Boards	1
Advanced Education	2
Health Units	2
Government, non-specific	2
Experts	3

Recommended Funders. Virtually all parent education agencies and professionals who gave their opinions believed that government should fund additional parent education services. (See Table 6.4.)

Table 6.4: Funders Recommended by Agencies (N=25) and Professionals (N=72)

	No. of Times Recommended by:			
Funder	Agencies		Professionals	
	#	%	#	%
A. Alberta Soc. Serv. & Comm. Health				
Non-specific	4		29	
FCSS	4		9	
Edmonton Social Services	2		3	
Local Board of Health	1		2	
Day Care Branch	1		1	
ChildeWelfare	1		0	
	13	(45)	44	(47)
B. Alberta Education	4	(14)	20	(22)
C. Advanced Education and Manpower	1	(3)	3	(3)
D. Government (no specific dept.)				
Non-specific level	3		1	
Provincial	2		8	
Fed./Prov./Municipal	1		3	
	6	(21)	12	(13)
E. Users and Government	1		11	
F. Private Sector				
Employers	2		2	
Foundations	1		1	
Churches	1		0	
	4	(14)	3	(3)
TOTAL NO. OF RECOMMENDATIONS	29	(100)	93	(100)

Alberta Social Services was suggested twice as often as any other government department. Alberta Education was the next most frequently recommended funder. Many respondents felt it should be the joint responsibility of both departments. Very few suggested more funds be provided by Advanced Education or the private sector.

Alberta Social Services and Alberta Education were suggested largely because they were seen as having the mandate and the resources. In addition, preventive services would benefit Alberta Social Services in the long term. Five respondents wanted to see Alberta Education further develop parent education for school children, and others wanted to have parent education available for parents through the schools.

Parent education agencies were asked who they thought should fund additional support services for parent educators. Nearly everyone who responded thought these services should be government funded. The few who were more specific than this tended to recommend either Alberta Social Services or FCSS. (See Table 6.5.)

Table 6.5: Funders of Support Services for Parent Educators, Recommended by Agencies (N=17)

Recommended Funder	Frequency of Recommendation
Government, non-specific	8
Alberta Social Services and Community Health	3
Family and Community Support Services	3
Alberta Education	1
Advanced Education	1
Corporations, Foundations or Educators	3

Summary and Discussion

Based upon the opinions of professionals and agencies, and the jurisdiction of Alberta Social Services and Community Health, it is appropriate that this Department fund additional parent education services, either directly through the Child Welfare Branch, or indirectly through the Local Board of Health or Family and Community Support Services (FCSS). The Child Welfare Branch is to ensure adequate parent education for families in their caseload either by delivering, funding or assisting others in developing parent education services. In the past the Child Welfare Branch has delivered, or funded other agencies to deliver, parent education services for parents prone to child abuse/neglect, foster parents, parents with handicapped children, unmarried mothers and, parents with juvenile delinquents. The Local Board of Health is responsible for ensuring there is adequate health education for parents, and last year supported the health clinics to deliver several parent education programs in addition to prenatal classes. The municipal FCSS program is responsible for funding and ensuring the provision of preventive services in the municipality, including parent education. In 1981/82 the muncipality funded Edmonton Social Services, and the Family Life Education Council to deliver parent education services.

Alberta Education was the next most frequently recommended funder, even though parent education for adults is presently only within the jurisdiction of the Early Childhood Services Branch of the Department. This implies that Alberta Education should be playing a larger role.

Who is most appropriate to fund and ensure additional parent education services are implemented depends in part upon what kinds of parent education are required. For example, if the content is health related then the Local Board of Health is most appropriate. But Alberta Education would be more appropriate if the content was school related, such as the topic of interest to the majority of parents in the survey - 'How to help children learn and cope in school'. The Child Welfare Branch would be most appropriate if the target group was parents prone to child abuse/neglect or foster parents; and parent education services would also be of interest to other branches of the Department if the services were targeted to parents with handicapped children, juvenile delinquents or unmarried mothers (particularly mothers considering giving their children up for adoption). There is a wide variety of target groups (including the general public) and content areas which are not clearly within the jurisdiction of any particular body. It is presently the responsibility of FCSS to ensure that the required parent education covering these topic areas and target groups are available.

The type of delivery agent also needs to be considered when choosing the most appropriate jurisdictional and funding bodies. Both professionals and agency representatives in this survey most frequently recommended social service agencies and schools deliver additional services. Professionals also frequently recommended health clinics and community organizations. The funding of social service agencies is the responsibility of Alberta Social Services and Community Health, FCSS, and to some extent United Way. The Local Board of Health ensures that the health clinics offer health education for parents. But nobody has taken the responsibility of ensuring that schools deliver parent education services.

Individual schools or school boards may initiate parent education courses and recover part of the costs from Further Education, Advanced Education and Manpower. The school boards in Edmonton sponsored several courses in the last year and the Public School Board plans to develop a library for parents, but these contributions are minor in comparison to the major role of schools recommended by respondents in the survey.

Perhaps it will be necessary for Alberta Education to facilitate the involvement of schools in parent education. One option would be to extend the Early Childhood Services model to parents with children of all ages.[1] The Department could stipulate that every school provide a mechanism for parents to identify their parent education needs, and assist them in accessing the resources required for them to obtain the knowledge and skills they desire. This possibly would require a slight expansion in the parent consultative services the Department now offers at the provincial office and at the regional levels.

Similar to schools, community voluntary organizations/groups

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1. The decision to extend ECS to age 8 has been proposed by ECS.

were frequently recommended as providers of parent education, yet nobody is presently responsible for ensuring these groups have the necessary resources to do so. The defunct Parent Resource Unit had provided the necessary training, consultation and resource material. As was noted in previous chapters, many of the volunteer leaders/educators had been trained by the Parent Resource Unit, and parent associations relied upon the Unit to help them develop programs and resources relevant to their needs. Thus if we are to expect the continued involvement of the voluntary sector, someone must take the responsibility of providing them with support services.

Parent education agencies tended to recommend that support services for parent educators be delivered by a centralized resource centre. At present there is no central source of support services for parent educators. The original responsibilities of the Parent Resource Unit have either not been assumed by any one or have been dispersed to several other government bodies - Early Childhood Services, FCSS, Child Welfare Branch, Family Planning Unit, Day Care Unit, and Alberta Agriculture. It is important there be a resource centre because the absence of a 'clearing house' of information may increase duplication of efforts, particularly in the development of resource material; as well as make it difficult to locate the desired information. A central unit also has the capacity to facilitate the coordination of joint efforts. Preferably it would have the ability to be a central source of information and coordinating body at the local and the provincial level. Most importantly the resource centre should be accessible to all individuals and agencies who wish to facilitate the learning of parents with children 0-18 years of age.

Parent educators tended to recommend that Government fund the required centralized resource centre, but most of them were uncertain which government department. There are a number of options:

1. The municipal FCSS program has it within their jurisdiction to provide support services for parent educators at the municipal level. The provincial FCSS staff would need to assume additional responsibilities if FCSS was to function as a provincial 'clearing house'.
2. Alberta Education could (possibly with an extention of the Early Childhood Services model) fund a resource centre.
3. A resource centre could be jointly funded by the government departments viewed as having the most responsibility for parent education, such as Alberta Social Services and Community Health, Alberta Education, and Advanced Education and Manpower (Further Education Branch).

Given the variety of government departments involved in parent education, it seems reasonable that support services for parent educators be jointly funded.

CHAPTER VII

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Major funders of parent education services in Edmonton requested a study to determine what additional parent education programs or support services were required for the city, and who should be responsible for ensuring that the required additional programs and support services were provided and funded. The required types of parent education services were identified by:

a) reviewing the literature pertaining to the relative benefits of various types of parent education services,

b) examining the existing parent education services offered by 61 Edmonton agencies, and

c) analyzing opinions of interested parties obtained through:

   i) questionnaires and/or interviews with 38 parent education agencies,

   ii) interviews with 78 professionals working with families, and

   iii) questionnaires completed by 433 parents who received the questionnaires from schools, kindergartens, day care centres, parent groups, social service agencies, or health clinics. The response rate was approximately 70%.

Following are the recommendations concerning the types of parent education services required in Edmonton, and the supporting findings of the study. Related recommendations are categorized together and are listed in the order of priority within each category.

A. Support Services

Recommendation A.1a: *A parent education resource centre should be developed to provide support services for parents and parent educators; the services should include:*

- *provision of educational resources and a central source of information*
- *facilitative mechanism for the co-ordination of educational efforts*
- *program development and evaluation*
- *consultative services for all parent educators*
- *training of lay or professional leaders for parent education programs*
- *leadership in the promotion of parent education*

Recommendation A.1b: *Further investigations should be undertaken to determine the best model of a parent education resource centre, including the most beneficial delivery agent and geographic service area.*

1. The above functions have, for the most part, not been the responsibility of any organization since the closing of the Parent Resource Unit. However, some responsibilities of the Unit have been transferred to Alberta Education (Early Childhood Services), Alberta Agriculture, and various branches of Alberta Social Services and Community Health. (p.p. 56 - 59, 101 - 103 main report.)
2. The lack of a resource centre and the consequent reduction in centralized support services will very likely have a negative impact on parent education services in Edmonton and in the Province.
   a) The absence of a 'clearing house' will increase duplication of efforts.
   b) Co-ordination of efforts will likely decrease.
   c) The traditional prepackaged, very structured programs geared to the literate, motivated "middle class" parent is likely to predominate if personnel are not made available for program development and the training of persons to implement programs designed to meet the special needs of parents. (p. 126, main report.)

d) The contribution of the voluntary sector is likely to decrease if the necessary training, consultation and resources are not available for them. Also, according to agencies and professionals in this survey, the training of para-professionals (experienced parents) as group leaders is vital in enhancing the quality of parent education. (p. 93, main report.)

e) Parent education will be less attractive for parents if it is not promoted as an educational service appropriate for all parents. According to agencies and professionals, a promotional campaign is of primary importance in Edmonton. (p. 90, main report.)

3. The majority of parent educators in the survey indicated there was a need to increase support services available for them. The most concern was expressed by parent associations. (p.p. 95 - 96, main report.)

4. It was generally felt by parent educators that a centralized resource centre available to all individuals and organizations would be the most appropriate delivery agent (p. 120, main report), though they did not specify who should operate the centre.

5. Although the study focused on Edmonton, it became evident that a resource centre serving a larger area than Edmonton may be beneficial. This requires further study.

B. Parent (Target) Groups

Recommendation B.1: *Additional parent education services should be provided for parents prone to child abuse/neglect.*

1. Parent education agencies and professionals chose parents prone to child abuse/neglect as the first priority group in need of additional services. (p.p. 66 - 69, main report.)

2. Two of the four programs available for parents prone to child abuse/neglect were filled to capacity in 1981/82. Also, there were no support groups, such as Parents Anonymous, for this group of parents. (p.p. 45, 50, 54, main report.)

3. The literature suggests that child abuse and neglect is closely related to parents' inadequate knowledge and skills rather than a psychological disturbance. Consequently the Canadian Standing Senate Committee, directed to study the 'child at risk', recommended that courses in parenting be promoted by all concerned with the welfare of children in Canada. (p.p. 9 - 10, main report.)

Recommendation B.2: *Additional parent education should be provided for young single parents, particularly teenage parents.*

1. Agencies and professionals chose teenage parents as the second priority target group, and single parents as the third priority. Those who chose single parents as a priority tended to express most concern for young, single, low income mothers. (p.p. 68 - 69, main report.)

2. A substantial number (13%) of parents in Edmonton are single parents, and a significant proportion of them are teenage parents. Of the single Alberta mothers who gave birth in 1979, one-quarter were under nineteen. (p. 11, main report.)

3. There are no obvious gaps in services to mature single parents. Nearly a quarter of Edmonton's programs in 1981/82 covered the topic of single parenting. Also, 15% of Edmonton's programs were primarily attended by single parents. None of these programs had a waiting list. In addition, there were two self-help groups

available for single parents. (p.p. 44 - 45, 50, 55, main report.)

4. There are obvious gaps in services to teenage parents. They tend not to participate in parent groups and programs with more mature parents. Two of the six programs for single teenage mothers were filled to capacity in 1981/82. No self help groups were available for teenage parents. (p.p. 44, 45, 50, 55, main report.)
5. Extensive parent education services should be available for very young parents. They tend to be first time parents with infants who, according to the literature, express a desire for information/advice more than any other parents. (p. 13, main report.)

Recommendation B.3: *Additional parent education should be provided for parents with teenagers.*

1. Parents with teenage children were the fourth priority of agencies. Although this group was a lower priority for professionals, half the professionals surveyed thought it was essential to develop additional services for this group. (p. 69, main report.)
2. Fifty-five percent of the parents in the survey wanted to learn a lot more about 'being a better parent to teenagers'. This was one of the most popular topics rated by parents. (p. 76, main report.)
3. A number of studies indicate that parents tend to seek the most advice and information when their children are very young, and again when their children become teenagers. (p. 13, main report.)
4. Only four programs were available for parents of teens in 1981/82, in comparison to twenty-seven available for parents of preschoolers. One of the programs was filled to capacity and the two parent self-help groups reported a high attendance rate. (p.p. 44 - 45,

50, 55, main report.)

Recommendation B.4: *Further investigations should be undertaken to determine if there are adequate parent education services for parents of handicapped children.*

1. There was no consensus amongst professionals and agencies as to whether additional parent education services were required for parents of handicapped children. A majority of respondents believed it was not essential to develop additional services, but others (particularly parent associations) claimed it should be the top priority. (p. 69, main report.)
2. Nine different associations are providing educational support services for parents with exceptional children. Four of the eight programs available were filled to capacity last year but there are plans to expand and develop additional programs. It is uncertain whether the planned services will meet the demand. (p.p. 50 - 55, main report.)

Recommendation B.5: *Parent education agencies should take measures to increase the attractiveness and accessibility of their services for fathers.*

1. There was a low participation of fathers in all programs in 1981/82.
2. A significant proportion of programs and parent support groups are designed for mothers only; but few steps have been taken to address the special needs of fathers. There are no fathers' support groups or programs which accommodate teenage fathers (p. 44, main report.)
3. Only half of the parent education programs were offered in the day and were inaccessible to most employed fathers. Several respondents suggested it would be convenient for employed parents to

participate in parent education programs which were available during the noon hours and close to the workplace. Last year, only one program used this method of delivery. (p. 49, main report.)

4. Parent education programs elsewhere in Canada and in other countries have also reported a low participation rate of fathers. Although this is a concern expressed in the literature, research has not been directed to examining means by which to increase the participation of fathers. (p. 13, main report.)

Recommendation B.6: *Educational services for parents of newborns should be continued.*

1. Previous research has shown that expectant parents and parents with newborns tend to seek information/advice more than any other parents. (p. 13, main report.)
2. The two associations providing prenatal/post-partum classes and group discussions in Edmonton were filled to capacity last year; at the same time the Local Board of Health is considering the elimination of its post-partum class which was attended by approximately 800 parents in Edmonton last year. (p.p. 50 - 52, main report.)

C. Content

Recommendation C.1: *Parent education services should continue to focus on the topics related to the social-emotional well being of children (communications, building child's self-esteem, getting along with others), child growth and development, and the parent as a person (dealing with stress, frustrations); with greatest emphasis on the first topic.*

1. Professionals, parent education agencies, and parents rated these topics as the top priorities. Topics related to the social-

emotional well being of children were rated as the most important. (p.p. 72 - 75, main report.)

2. The topics of interest to parents in this survey were similar to findings in other surveys, although some studies have found a greater parent interest in discipline. (p. 16, main report.)
3. The majority of programs in Edmonton in 1981/82 covered the topics related to the social-emotional well being of children and the 'stresses of being a parent'; as well as discipline. Child growth and development was not as common a topic, but it was covered by 40% of the programs. Thus the topics of interest to most parents appear to be well covered. (p.p. 45 - 47, main report.)

Recommendation C.2: *More parent education services should cover the topic of 'how to help children learn and cope in school'.*

1. This was the fourth most important concern of parents; 60% wanted to learn a lot more about helping their children in school. (p. 75, main report.)
2. Approximately 10% of the programs dealt with this topic, but it was not a major focus of any programs. Only one conference covered the topic of parent involvement in school. (p.p. 45 - 47, 53, main report.)

Recommendation C.3: *More parent education should cover the topic of 'how to know if something is physically or mentally wrong with children'.*

1. This was the fifth most popular topic of parents; nearly 60% wanted to know a lot more about detecting physical or mental problems of their children. (p. 76, main report.)
2. Only 13% of the programs covered this topic. (p.p. 45-47, main report.)

Recommendation C.4: *More parent education should cover the topic of 'how to deal with children and talk to children about drugs'.*

1. This was the sixth most popular topic of parents; 56% wanted to learn a lot more about drugs and their children. (p. 76, main report.)
2. Only 7% of the programs covered this topic. (p.p. 45 - 47, main report.)

Recommendation C.5: *More parent education should cover the topic of 'how to help children deal with divorce and remarriage'.*

1. Professionals and parent education agencies rated this as the fourth most important topic for additional parent education to cover. Divorce and remarriage were not of major interest to most parents in the survey, but 27% of the parents did express a desire to learn a lot more about this area. (Twenty-five percent of all the parents surveyed were single parents.) (p. 75, main report.)
2. Just 14% of the programs in 1981/82 covered the topic of divorce, and fewer still (6%) dealt with remarriage. (p. 47, main report.)
3. A demand definately exists for information on parenting issues related to divorce. An information (lecture) series covering this topic last year attracted 255 parents. Perhaps a similar series should cover parenting issues related to remarriage.

D. Educational Approaches

Recommendation D.1a: *A wide variety of educational approaches should continue to be made available for parents wishing to learn more about parenting including:*

a) *group approaches (programs using presentations and discussions. self help parent discussion groups, programs using modelling/observation and discussion, lectures, conferences)*
b) *mass media approaches (TV, libraries, mailed material, brochures)*
c) *individual approaches (individual instruction, home visitors).*

Recommendation D.1b: *Home visits should primarily be used only to complement other educational approaches.*

1. The majority of parent education agencies, professionals and parents thought all approaches were important. (p.p. 78 - 87, main report.)
2. Adult learning principles suggest there should be a variety of educational approaches to accommodate individual learning styles. (p. 24, main report.)
3. Evaluation research has not yielded any conclusive evidence as to the relative effectiveness of the various educational approaches, however the home visitor method, unlike all other methods, has shown to be detrimental in some cases. (p.p. 19 - 23, main report.) It was also the least preferred approach of parents in this survey and the parents in the extensive survey done by others (p. 26, main report.) Nevertheless, some parents (19%) in this survey indicated they would very much like to have home visits. Many who favoured this approach were clients of social service agencies. p.p. 78 - 79, main report.)
4. Parent education agencies and professionals stressed the importance of home visits as a means to assess the home situation and to reach out to parents reluctant to seek parent education. (p. 84, main report.)

Recommendation D.2a: *Parent education agencies should continue to implement programs using presentation and discussions, and continue to provide support to parent self-help discussion groups.*

Recommendation D.2b: *Self-help discussion groups should be initiated and supported for parents prone to child abuse/neglect and teenage parents.*

1. Professionals and agencies tended to recommend these approaches as the top priorities for additional parent education. A course using presentations/discussions was the most preferred approach of parents, and a parent discussion group was the fourth most preferred approach. (p.p. 78 - 81, main report.)
2. These approaches allow parents to learn from one another, to gain support from each other, and to plan their own learning activities. The group leader acts mainly as a facilitator rather than an instructor. This is an effective educational method according to adult learning principles, and evaluations of parent education programs. (p.p. 19, 26, main report.)
3. Over three quarters of parent education programs in Edmonton 1981/82 used group discussion and presentations; thus this approach is readily available for parents. (p.p. 47 - 48, main report.)
4. There were at least 24 parent discussion groups which were organized mainly for parents with special needs/interests - parents with 'problem teens', single parents, foster parents, adoptive parents, parents with exceptional children, parents of twins/triplets, and expectant parents. Parents prone to child abuse/neglect and teenage parents were the only identified types of parents with special needs who did not have a self-help group to

join if they wished. (p.p. 54 - 55, main report.)

Recommendation D.3: *More lectures and conferences should be made available for parents who wish to obtain more knowledge and information about parenting.*

1. Lectures and conferences were some of the least preferred approaches of professionals and agencies, primarily because they believed these approaches would neither reach or be beneficial to the parents who they perceived as needing parent education the most (i.e. parents prone to child abuse/neglect, and isolated single parents). However, lectures and conferences were among the most preferred approaches of parents. (p.p. 78 - 81, main report.)
2. Lectures and conferences may be more accessible and attractive to parents because they require a limited time commitment. Notably, approximately 40% of the parents did not want to spend more than four hours on parent education in the next six months. (p. 98, main report.)
3. Very few lectures or conferences were available for parents who were not members of a parent group or association (p.p. 53 - 55, main report.)

Recommendation D.4: *Parent education programs should use some modelling techniques when the objective of the learner is to acquire parenting skills; particularly parenting skills with young children and handicapped children.*

1. Modelling was generally viewed by professionals and agencies as one of the most effective approaches which should be used more often. A majority of parents liked this approach. (p.p. 82 - 84, main report.)

2. Research has shown that modelling is an effective method of teaching parenting skills to parents of preschoolers and handicapped children. (p.p. 19 - 20, main report.)
3. Only 15% of the programs in Edmonton, 1981/82, used this technique. (p.p. 47 - 48, main report.)

Recommendation D.5: *Parent education reading material should continue to be made available to parents via libraries, bookstores, and distribution of newsletters, magazines and brochures.*

1. Libraries and mailed material were some of the least preferred approaches of parent education agencies and professionals. However, these approaches were liked by the majority of parents. Slightly more parents liked the group approaches. (p. 86, main report.)
2. In contrast, other research has shown that parents in general prefer reading more than joining discussion groups. (p. 25, main report.)
3. Over 56% of the parents in this survey had used a library or bookstore as a source of information/advice on parenting. In comparison, 41% had used courses/discussion groups. Only friends, family, and physicians had been more frequently used as sources of information. (p. 92, main report.)

Recommendation D.6a: *Television should be used to promote parent education, to inform parents of available resources, and to motivate parents to learn more about parenting.*

Recommendation D.6b: *Further evaluations of parent education television programs should be undertaken.*

1. Parents in general liked a TV series on parenting slightly less than most other approaches. Television was highly recommended by agencies and professionals as a means of reaching a large number of parents

who might not actively seek parent education; but it was generally viewed as an ineffective teaching tool. (p.p. 81-82, main report.)

2. Previous research indicated that dramatizations on TV were very effective in reaching a large proportion of the population, particularly when shown at prime viewing time. But the TV series was only considered to be an effective teaching tool when combined with discussion groups. It would be valuable to develop and evaluate a similar TV program in Edmonton. (p. 22, main report.)
3. Alberta Access presently offers day-time series on parenting, which are accompanied by exercises and workbooks. These should be evaluated in terms of who they are reaching and their effectiveness.

E. Accessibility and Attractiveness

Recommendation E.1: *The accessibility and attractiveness of parent education should be improved by:*

- *a) advertising and promoting parent education (also see recommendation A.1 and recommendation D.6a)*
- *b) offering services within local communities, local facilities, and as much as possible through existing agencies and groups in contact with parents - clinics, daycare centres, community groups, mother's groups, and most of all, schools*
- *c) providing child care*
- *d) developing programs specifically for abusive/negligent parents, and teenage parents (also see recommendation B.1 and B.2)*
- *e) maintaining minimal fees for all parent education services*
- *f) ensuring adequate training of para-professionals (experienced parents) to be parent educators/group facilitators (also see recommendation A.1)*
- *g) developing more parent education services in districts which have few services (for example the Beverly district)*

1. These were the most common recommendations made by parents, professionals, and/or parent education agencies when asked how parent education could be made more accessible and attractive in Edmonton. (p.p. 87 - 94, main report.)

F. Jurisdiction and Funding

It is important to appreciate that the above recommendations do not constitute a master plan for parent education in Edmonton, but rather servce as a guide to those who have parent education within their jurisdiction. Clearly there are too many independent organizations responsible for either funding, initiating, or delivering parent education services for the implementation of an overall plan to be realistic.

The recommendations concerning the educational approaches, and means of increasing the accessibility and attractiveness of services are relevant to all organizations responsible for parent education services. Also, the implementation of these recommendations may not require additional funds. The other recommendations require someone to take the initiative to ensure their implementation and to provide the necessary funds.

The most appropriate organizations to undertake responsibility for each recommendation were chosen using three criteria:

a) the extent to which the recommended parent education service falls within the jurisdiction of the potential funders,
b) the degree to which previous funding patterns can be maintained, and

c) the opinions of parent education agencies and professionals about who should be delivering and funding parent education.

Recommendation F.1: *The major stakeholders in parent education - Alberta Social Services and Community Health, Alberta Education, and the Further Education Branch of Advanced Education and Manpower, should take responsibility for ensuring the provision of a parent education resource centre to offer educational support services for parents and parent educators.*

1. A resource centre would be of benefit to all organizations responsible for the provision of parent education services; thus it is appropriate that a resource centre be the joint responsibility of all major stakeholders. (p.p. 103 - 113, main report.)
2. To some extent, support services for parent educators are presently funded by various branches of Alberta Social Services and Community Health (including FCSS), and the Early Childhood Services branch of Alberta Education. Also, Further Education policies allow for the subsidization of training courses for volunteer parent educators/group leaders. (p.p. 101 - 103, main report.)

Recommendation F.2: *The Child Welfare Branch should take responsibility for ensuring the provision of additional parent education for parents prone to child abuse or neglect.*

1. The Child Welfare Branch is mandated to provide services to families "for the purpose of supporting and maintaining the family unit and avoiding conditions that would necessitate the removal of a child or children from the home" (Child Welfare Programs, 1981). Family and Community Support Services, and the Local Board of Health are also responsible for providing educational services of a preventative nature, but they are not as clearly responsible for parents who

are prone to child abuse or neglect. Further Education is not an appropriate major funder because it will only subsidize a small proportion of the actual costs of parent education programs, and will not provide funds for support groups. (p.p. 107-110, main report.)

2. In 1981/82, three programs for parents prone to child abuse or neglect were directly funded by Alberta Social Services and Community Health (mainly the Child Welfare Branch). One program was offered by an FCSS agency and indirectly subsidized by the Child Welfare Branch; the Branch paid the fees of clients attending the program (p.p. 113 - 116, main report.)

Recommendation F.3: *The Local Board of Health, United Way, Family and Community Support Services (local), Alberta Social Services and Community Health, and Alberta Education should take responsibility for ensuring the provision of additional parent education for teenage parents.*

1. More than any other organization, the Local Board of Health has taken the responsibility for providing parent education at the prenatal and infant stages; and most teenage parents are either expecting a child or have an infant. However, given the personal development needs of teenage parents, parent education programs may require going beyond health, safety and infant care topics, thus expertise in other areas may be necessary. Social service agencies have the expertise. United Way and FCSS (local) have the mandate to fund agencies providing parent education for teenage parents, and ASSCH has the responsibility to provide counselling and assistance to unmarried expectant mothers. More than any other organization,

Alberta Education is responsible for the education of teenagers, but is only responsible for those who attend school. (p.p. 103 - 113, main report.)

2. Woodside Home, which is operated by ASSCH, offers parent education to single teenage mothers, but mainly to expectant mothers. All teenage parents have access to Terra's parent education services funded by the United Way. The only other program for teenage parents in 1981/82 was the temporary Teen Mothers Program operated by Project Runaway, in co-operation with the Local Board of Health. This program was funded by a Canada Employment and Immigration grant. If the evaluation of the project is positive, the Local Board of Health ought to continue its involvement with the program and if necessary, obtain assistance from ASSCH or FCSS. (p.p. 113 - 116, main report.)

Recommendation F.4: *Family and Community Support Services (local) and the School Boards should ensure the provision of additional parent education for parents of teens.*

1. FCSS is mandated to provide parent education services which do not duplicate the services of other government and private agencies. Last year, most parent education programs for parents of teens were funded by FCSS; thus FCSS would not be duplicating the services of others if it provided additional education for parents of teens. (p.p. 109 - 110, 113, main report.)

2. Professionals and agencies highly recommended that schools become more involved in parent education. It would be appropriate for the Continuing Education branch of the School Boards to sponsor programs

for parents of teens within the school system. (p.p. 116 - 122, 126, main report.)

Recommendation F.5: *Alberta Social Services and Community Health should provide the funds required to investigate the adequacy of parent education for parents with handicapped children.*

1. ASSCH has primary responsibility for providing support services to families with handicapped children.
2. ASSCH and United Way have been the primary funders of agencies providing services for handicapped children. (p.p. 113, 115, main report.)

Recommendation F.6: *Alberta Education should ensure the provision of additional parent education services covering the topic, 'how to help children learn and cope in school'.*

1. Alberta Education has the responsibility of educating children. Because a child's home environment greatly influences his or her learning ability, parents need information on how they can enhance the intellectual development of their children, and how they can increase their child's satisfaction and performance in the school setting. (p.p. 103 - 104, main report.)
2. In 1981/82, several programs covered the topic 'how to help children learn in school', but only briefly. (p. 47, main report.) Helping children in school implies a parent-teacher partnership which can best be addressed within the school system.

Recommendation F.7: *The Local Board of Health should take primary responsibility for ensuring the provision of additional parent education covering the topic 'how to know if there is something physically or mentally wrong with children'.*

1. Health education is a primary responsibility of the Local Board of Health. (p. 109, main report.)
2. Although this topic was not the major focus of any parent education programs in Edmonton last year, several programs covered the topic, and were funded by the Local Board of Health, FCSS, Further Education, Alberta Access, and Alberta Social Services and Community Health. The Local Board of Health played the largest role in this area.

Recommendation F.8: *The Alberta Alcohol and Drug Abuse Commission should ensure the provision of additional parent education covering the topic of drugs.*

1. AADAC has primary responsibility for education directed to drug abuse prevention.
2. A number of private agencies, FCSS agencies, and parent groups have sponsored lectures and programs which have incorporated the topic of drugs and children. AADAC was a major source of resource people and material. (p.p. 46, 113, main report.)

Recommendation F.9: *Family and Community Support Services (local) and the United Way should ensure the provision of additional parent education covering the topic 'how to help children deal with divorce/remarriage'.*

1. This is the area of expertise, and the responsibility, of family life education and family counselling agencies. FCSS and United Way have been the major funders of these agencies. (Appendix B, main report.)

2. Last year, parent education agencies covering these topics were funded by FCSS, United Way, Alberta Access, ASSCH, private organizations, and Further Education. FCSS was the primary funder.

Recommendation F.10: *An ongoing mechanism should be established whereby all major funders jointly review and decide who will assume responsibility for needed parent education services which are not clearly the responsibility of any one funder.*

1. Parent education falls within the jurisdiction of numerous organizations, yet most parent education services are not clearly the responsibility of any one organization. Consequently, initiators of parent education projects are often referred from one potential funder to another, and the decision regarding who will fund the services is frequently either delayed or never made. A solution might be to establish a body of representatives who have decision-making power within the major funding organizations. The function of this body would be to decide who would fund the required services.

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Appendix A

Cover Letter and Questionnaires to Parent Education Agencies

Interview with Professionals

Cover Letter and Questionnaire to Parents

Steering Committee on Parenting Resources
in Edmonton

June, 1982

A study is being conducted by the Edmonton Social Planning Council to identify what, if any, additional parenting education programs and support services are needed in Edmonton, and to clarify possible jurisdictional and funding responsibilities.

This investigation is being funded by Alberta Education, although it was initiated by the (Ad Hoc) Steering Committee on Parenting Resources in Edmonton, comprised of representatives from the City Social Service Advisory Council, Alberta Education, Edmonton Catholic School Board, Edmonton Public School Board, Alberta Social Services and Community Health, the Local Board of Health, and the 'Voluntary Sector'.

Input into the planning of future parent education services is being sought from agencies/organizations that provide parenting education services, professionals who work with families, and parents themselves. It is essential for all agencies presently providing parent education to participate because the detailed information about existing services cannot be obtained elsewhere.

Please complete the two enclosed questionnaires. In the first questionnaire, you are asked to describe the parent education services your organization provided in the previous year. Parent education services include not only formal education programs, but also support services (eg. a library) that enables parents to participate as learners, and support services for parent educators that assist them in their role as educators. In the second questionnaire, titled "Parent Education Needs", you are asked to give your perception of what parent education services are needed in Edmonton.

Please return the questionnaires to the Edmonton Social Planning Council, in the self-addressed envelope, before July 1, 1982.

If you have any questions, do not hesitate to call Beverly Zubot at the Edmonton Social Planning Council (423-2031). Also, please give her a call if you wish to discuss parenting education in more detail.

The final report will be mailed by Alberta Education to all organizations participating in the study.

Thanking you in advance.

Sincerely,

Bill Kirwin,
Chairperson,
STEERING COMMITTEE ON PARENTING RESOURCES
IN EDMONTON

QUESTIONNAIRE: DESCRIPTION OF PARENT EDUCATION PROGRAMS AND SUPPORT SERVICES IN EDMONTON

Introduction

The purpose of this questionnaire is to obtain information about the parent education services your organization offered in the last year, July/81 to June/82, and your plans for next year. You are asked to describe your a) parent education programs, b) support services for parents that enable them to participate as learners, and c) support services for other organizations providing parent education.

I. DESCRIPTION OF PARENT EDUCATION PROGRAMS

A parent education program refers to systematically and conceptually based programs, intended to impart information, awareness, or skills to participants on aspects of parenting. It has the following features:

- has a curriculum and objectives (which may be developed with participants)
- has a definite beginning and ending time
- each session builds on the knowledge, skills, and awareness imparted in the previous session
- lasts for an extended period of time, OR lasts one evening or day

1. Enclosed are several copies of 'Program Description' questions (SEE YELLOW SHEETS). Answer the questions for each program your organization offered in the last year (July, 1981 - June, 1982). If you need more copies please phone Bev at 423-2031.

2. Does your organization plan to change the programs it offers in the next year? ___ Yes ___ No

What changes, if any, are planned?

II. DESCRIPTION OF SUPPORT SERVICES FOR PARENTS AS LEARNERS

Support services for parents refers to any service that enables parents to participate as learners.

1. Check the support services your organization provided in the previous year, describe the service, and indicate who received the service.

Service	Description of Service	Provided to
___ library for parents	contents (check): ___ books/ pamphlets ___ tapes ___ films ___ posters other (specify) ____________ ____________________________	
___ distributed educational brochures/pamphlets	Topics (Titles):	
___ organized conferences for parents	Topics (Titles):	
___ assisted parent self-help (discussion) groups	Assisted by: ___ initial organizing ___ meeting space ___ leadership training ___ group leadership ___ other ____________ ____________________	
___ provided speakers to talk about parenting	Topics:	
___ central source of information on available parent education services	Information on: ___ programs ___ parent groups ___ conferences ___ speakers ___ other ____________ ____________________	
___ other services:		

2. Does your organization plan to change the support services it provides to parents as learners in the next year? ___ Yes ___ No
If yes, what changes are planned?

III. DESCRIPTION OF SUPPORT SERVICES FOR PARENT EDUCATORS

Support services for parent educators are services which assist them in their role as educators.

1. **Check the support services your organization provided for parent educators in** other **organizations in the previous year. Also indicate the extent to which these services were provided.**

Service	Extent to which service was provided
___ provided resource material	What? ___
	___
	To how many organizations? ___
___ trained leaders/educators	How many? ___
___ organized conferences	How many? ___
	Titles: ___
	___
___ provided workshops/seminars	How many? ___
___ consulted educators re: planning and improving programs	How many programs were consulted? ___
___ provided a central source of information on conferences/workshops and new resources	Describe: ___
	___
	___
	___
___ co-ordinated parent education services	Describe: ___
	___
	___
___ Other Services: ___	Describe: ___
___	___
___	___
___	___

2. **Does your organization plan to change support services it offers to parent educators in the next year?** ___ **Yes** ___ **No**

   If yes, what changes are planned?

IV. OTHER PARENT EDUCATION SERVICES

Please describe any other parent education services that your organization provided in the previous year that you have not described so far.

V. FUNDING

1. What were your sources of funds for parent education in the previous year?

	Source of Funds	Approximate amount in dollars (if known)
Largest source:		
Second largest source:		
Third largest source:		
Fourth largest source:		
Other sources:		

VI. PLEASE ADD YOUR COMMENTS:

NAME OF YOUR ORGANIZATION: ______________________________

YOUR NAME ______________________ **PHONE:** ______________________

Name of Organization ______________________________

Program Description of: ______________________________

(Title of Program)

1. How often was the program offered in the previous year (July, 1981 to June, 1982)? ____________________

2. Where was it offered? (address)

3. What time of day? ___ evening ___ weekday ___ weekend

4. What was the length of the program (check) ___ 2 - 4 hours ___ 5 - 8 hours ___ 9 - 16 hours ___ 17 - 35 hours ___ over 35 hours

5. What was the registration fee per person? __________ per couple? __________

6. Any child care provided? ___ Yes ___ No What was the fee? __________

7. Who was the target group? What geographic area? ____________________
What types of parents? ______________________________
____

8. What educational approaches were used? (check)
   - ___ lecture/presentation
   - ___ group discussion
   - ___ observation of children
   - ___ modelling adult-child interaction
   - ___ individual instruction
   - ___ audio-visual material
   - ___ other (specify): ______________________________
____
____
____

9. Was a packaged program used? (eg. STEP, Focus on Parenting?) ___ Yes ___ No
If yes, which packaged program? ______________________________
____

10. What were the major topics covered? (check)

Health and Safety

___ How to keep children healthy.
___ How to make the home safe for children.
___ How to know if something is physically or mentally wrong with children.
___ How to care for oneself during pregnancy.
___ How to care for infants.
___ Other (specify) ______________________________
____

Child Growth and Development

___ What children should be able to learn at different ages.
___ How to help children learn.
___ How children's personality is formed.
___ Other (specify) ______________________________
____

Social/Emotional Well-Being of Children

___ How to develop communication skills with children.
___ How to help children feel good about themselves (build self-esteem).
___ How to help children see and accept their own feelings.
___ How to help children get along with family and friends.
___ Other (specify) ______________________________
____

Parent/Self

___ How to cope with stresses of being a parent.
___ How to meet needs of all family members.
___ How to handle frustrations with disobedient children.
___ How to have fun with children and build family ties.
___ Other (specify) ______________________________
____

Child Management/Discipline

___ How to discipline children.
___ How to teach children self-care skills (eg. dressing and feeding themselves).
___ How to teach children values and morals.
___ Other (Specify) ______________________________
____

Special Concerns

How to help children deal with: ___ divorce ___ remarriage
___ death in the family

How to deal with children and talk to children about: ___ sex ___ drugs

How to respond to the special needs of children with: ___ a handicap
___ an emotional problem ___ a serious illness

How to deal with the unique problems of: ___ adoptive children
___ foster children ___ twins
___ How to deal with the unique challenge of being a single parent.
___ How to be better parents to teenagers.
___ How to help children learn and cope in school.
___ How to be an advocate for the child.

Other Topics: ____

____

____

____

11. How many people in total participated in the program in the previous year (July, 1981 - June, 1982)? ____________

12. a) Was the program filled to capacity in the last year? ___ Yes ___ No

    b) If yes, how many interested people were unable to participate in the previous year because the program was full? ____________

13. If information is readily available, specify how many program participants fell within the following categories. (Put a check under your answer.)

What percentage of parents were:

	Under 25%	25-75%	Over 75%	Unknown
Mothers.	( )	( )	( )	( )
Fathers.	( )	( )	( )	( )
From a Single Parent Family.	( )	( )	( )	( )
From a two Parent Family.	( )	( )	( )	( )
Parents with children of ages:				
- pre-natal	( )	( )	( )	( )
- infant - 3 years	( )	( )	( )	( )
- 4 - 5 years	( )	( )	( )	( )
- 6 - 12 years	( )	( )	( )	( )
- teen	( )	( )	( )	( )
From a low income family.	( )	( )	( )	( )
From a middle or high income family.	( )	( )	( )	( )
Teenage parents.	( )	( )	( )	( )

Questionnaire to Agencies Providing
Parent Education

PARENT EDUCATION NEEDS

A. REASONS FOR PARENT EDUCATION

1. Briefly, why do you think parent education is important? (Why do parents need or want to learn more about parenting?)

B. TYPES OF ADDITIONAL PARENT EDUCATION NEEDED

1. Do you think there should be additional parent education services available in Edmonton? ___ Yes ___ No.

   If yes, answer the following questions concerning the types of parent education needed.

   If you think no additional parent education services are needed, move on to Section C.

2. How important is it to target additional parent education services to the following types of parents? (Circle your response)

	Not Important	Somewhat Important	Important	Essential	Don't Know
All Parents	1	2	3	4	9
Mothers	1	2	3	4	9
Fathers	1	2	3	4	9
Parents with children of ages:					
prenatal	1	2	3	4	9
infant - 3 years	1	2	3	4	9
4 - 5 years	1	2	3	4	9
6 - 12 years	1	2	3	4	9
teen	1	2	3	4	9
Single Parents	1	2	3	4	9
Step-parents	1	2	3	4	9
Non-custody parents	1	2	3	4	9
Group-home parents	1	2	3	4	9
Foster parents	1	2	3	4	9
Adoptive parents	1	2	3	4	9

	Not Important	Somewhat Important	Important	Essential	Don't Know
Parents with:					
a very low income	1	2	3	4	9
middle or high income	1	2	3	4	9
Teenage parents	1	2	3	4	9
Parents with exceptional children	1	2	3	4	9
Parents prone to child abuse/ neglect	1	2	3	4	9

Other important groups (specify)

3. Given limited resources, it may be impossible to target additional parent education to all important groups. Which target groups of parents should be given priority?

First priority ____

Second priority ____

Third priority ____

4. Why are present parent education services insufficient for the top priority target groups you stated above? Why are these parents not using the present services? (Check your answer(s) and explain further.)

___ There are no appropriate services available for these parents (Explain)

___ Present services are inaccessible to these parents. (Explain)

___ Other reasons: (Explain) ____

5. How could present and/or additional parent education be made more accessible and attractive to parents? (Would you suggest any changes in location, fee, time, child care, who offers education, advertising, etc.?)

6. How important is it to have additional parent education services cover the following areas of concern or topics? (Circle your answer.)

	Not Important	Somewhat Important	Important	Essential	Don't Know
Health and Safety					
How to keep children healthy.	1	2	3	4	9
How to make the home safe for children.	1	2	3	4	9
How to know if something is physically or mentally wrong with children.	1	2	3	4	9
How to care for oneself during pregnancy.	1	2	3	4	9
How to care for infants	1	2	3	4	9
Child Growth and Development					
What children should be able to learn at different ages.	1	2	3	4	9
How to help children learn.	1	2	3	4	9
How children's personality is formed.	1	2	3	4	9
Social/Emotional Well-Being of Children					
How to develop communication skills with children.	1	2	3	4	9
How to help children feel good about themselves (build self-esteem).	1	2	3	4	9
How to help children see and accept their own feelings.	1	2	3	4	9
How to help children get along with family and friends.	1	2	3	4	9

	Not Important	Somewhat Important	Important	Essential	Don't Know
Parent/Self					
How to cope with stresses of being a parent.	1	2	3	4	9
How to meet needs of all family members	1	2	3	4	9
How to handle frustrations with disobedient children.	1	2	3	4	9
How to have fun with children and build family ties.	1	2	3	4	9
Child Management/Discipline					
How to discipline children.	1	2	3	4	9
How to teach children self-care skills (eg. dressing and feeding themselves).	1	2	3	4	9
How to teach children values and morals.	1	2	3	4	9
Special Concerns					
How to help children deal with:					
- divorce	1	2	3	4	9
- remarriage	1	2	3	4	9
- death in the family	1	2	3	4	9
How to deal with children and talk to children about:	1	2	3	4	9
- sex	1	2	3	4	9
- drugs	1	2	3	4	9
How to respond to the special needs of children with:					
- a handicap	1	2	3	4	9
- an emotional problem	1	2	3	4	9
- a serious illness	1	2	3	4	9
How to deal with the unique problems of:					
- adoptive children	1	2	3	4	9
- foster children	1	2	3	4	9
- twins	1	2	3	4	9
How to deal with the unique challenges of being a single parent.	1	2	3	4	9
How to be better parents to teenagers.	1	2	3	4	9
How to help children learn and cope in school.	1	2	3	4	9
How to be an advocate for the child.	1	2	3	4	9

Other important topics (specify)

____

____

____

____

7. What do you think are the top priority areas of concern or topics that should be covered by additional parent education services?

First priority ______________________________

Second priority ______________________________

Third priority ______________________________

8. Briefly, why do you think the top priority areas of concern you stated above are important?

9. How important is it to have additional parent education services use the following educational approaches? (Circle your answer.)

	Not Important	Somewhat Important	Important	Essential	Don't Know
TV series on parenting.	1	2	3	4	9
Library for parent .	1	2	3	4	9
Reading material mailed to parents.	1	2	3	4	9
Confernece for parents.	1	2	3	4	9
Lecture(s) given by experts.	1	2	3	4	9
Course on parenting using lectures/presentations and group discussions.	1	2	3	4	9
Course using observation of children.	1	2	3	4	9
Course using modelling of adult/child interaction.	1	2	3	4	9
Individual instruction.	1	2	3	4	9
Home visits.	1	2	3	4	9
Parent self-help group (discussion group).	1	2	3	4	9

Other important approaches (specify)

____

____

____

____

____

____

10. Which educational approaches do you think are the most important for additional parent education services to use?

First priority ______________________________

Second priority ______________________________

Third priority ______________________________

11. Why do you think these top priority approaches are important?

12. Please add any other comments you have about parent education services needed in Edmonton.

13. a) Who do you suggest provide additional parent education?

b) Who do you suggest fund additional parent education?

C. SUPPORT SERVICES FOR PARENTING EDUCATORS

1. As an organization providing parent education, how important is it for your organization to have additional external support services, such as the following? (Circle your answer.)

	Not Important	Somewhat Important	Important	Essential	Don't Know
Resource material (books, manuals, films, etc.)	1	2	3	4	9
Training of leaders/parent educators.	1	2	3	4	9
Conferences/workshops for educators.	1	2	3	4	9
Consultations re: planning and/or improving programs.	1	2	3	4	9
Central source of information on concerences, workshops and new resources, etc.	1	2	3	4	9
Co-ordination with other parent education services.	1	2	3	4	9

Other important support services (specify)

____

____

____

2. If you think additional support services to parent educators are important,

a) Who do you suggest provide the additional support services?

b) Who do you suggest fund additional support services?

D. A follow-up phone interview may be done, so please specify:

YOUR NAME(S) ______________________________

YOUR ORGANIZATION ______________________________

PHONE NUMBER ____________________

INTERVIEW WITH PROFESSIONALS: PARENT EDUCATION NEEDS

A. KNOWLEDGE/PERCEPTION OF PARENT EDUCATION

1. Do you think parent education is important? Why?

   (If no, ask why and terminate interview.)

   (If yes, probe: Why do parents have inadequate knowledge, awareness, skills, or confidence?

   What parenting problem indicates a need for parenting education?

2. How familiar are you with parent education services in Edmonton?

   familiar (know of 10 or more programs)
   somewhat familiar (know of 3 - 9 programs)
   not familiar (know of 0 - 2 programs)

   (If familiar with parent education, ask questions about additional services.)

3. (If familiar) Do you think there should be additional parent education services available in Edmonton?

   (If no, ask why and terminate interview.)

B. TYPES OF (ADDITIONAL) PARENT EDUCATION NEEDED

Target Group

1. a) From your experience, what types of parents need or want to learn more about parenting?

   b) (Hand list of parent groups to interviewee). Here is a list of parent groups (some of which you may have already mentioned). How important is it to target (additional) parent education services to these groups of parents? Circle your answer.

c) Given limited resources, it may not be possible to target (additional) parent education to all types of parents needing or wanting parent education. In your opinion, which target groups of parents should be given:

first priority?
second priority?
third priority?

2. a) Why do parents who need or want to learn more about parenting not use the present parent education services?

(appropriate services unavailable?)
(services inacessible?)
(parents not attracted to services?)

b) How can parent education services be made more attractive and accessible to parents? (Would you suggest any changes in location, cost, time, child care, who offers program, advertising?)

Content

3. a) What areas of concern or topics should (additional) parent education address? (What are the concerns/problems of parents needing parenting education?)

b) Here is a list of possible topics (hand list to interviewee). Some topics you may have already mentioned. Please indicate how important it is for (additional) parent education programs to cover these topics.

c) What do you think are the most important areas of concern or topics that should be covered by (additional) parent education services? What is the:

most important?
second most important?
third most important?

d) Why are these topics important?

Educational Approaches

4. When providing parent education, a variety of educational approaches could be used. Here are some examples. (Hand list to interviewee.)

a) How important do you think it is for (additional) parent education services in Edmonton to use these approaches? Circle your response.

b) Are there any other approaches you would like to see used in Edmonton? (Probe for creative ideas.)

c) Which educational approaches do you think are the most important for (additional) parent education services in Edmonton to use? What is the:

most important?
second most important?
third most important?

d) Why do you think these approaches are important? (What do you like about these approaches as opposed to other approaches?)

(Why are these approaches more appropriate for your clients than other approaches?)

Other Ideas

5. In general, do you have any other comments or ideas about what parent education services ought to exist in Edmonton?

C. DELIVERY AND FUNDING BODIES

1. a) In your opinion, who should be offering parent education? (Organizations such as schools, universities, family agencies, etc.?)

b) Why do you suggest these organizations? (Do parents feel more comfortable going to some places than others?)

2. Who should be funding parent education?

Committee on Parenting Resources
in Edmonton

C/o Edmonton Social Planning Council
418, 10010 - 105 Street,
Edmonton, Alberta.
T5J IC4

Dear Parent:

A Committee has been formed to improve and develop educational resources for parents. This Committee includes members from the School Boards, the municipal and provincial governments, and community agencies.

In order to provide useful educational resources, we need to know what parents want. Please let us know what you want by filling out the attached questionnaire. Put the completed questionnaire in the addressed envelope and mail it to the Edmonton Social Planning Council, or return it to the person who gave it to you.

It is very important that you fill out the questionnaire as only a small number have been given out. Names and addresses are not required for the study so your responses will remain confidential.

If you have any questions, please call Bev Zubot at 423-2031.

Thank you in advance.

Sincerely,

Bill Kirwin,
Chairperson

COMMITTEE ON PARENTING RESOURCES
IN EDMONTON

June, 1982

Questionnaire to Parents.

PARENTING EDUCATION: WHAT DO YOU WANT TO LEARN AND HOW?

A. WHAT YOU WANT TO LEARN

What to do: First, read what it says below about each thing you might want to learn more about. Then decide how much you feel you need or want to learn more about that. Show your answer by putting a check mark (✓) in the box under A LOT, A LITTLE, or NOT AT ALL. For example, if you wanted to learn more about "How to keep children healthy" then put a check mark under A LOT or A A LITTLE. If you do not need or want to know more about this, then put a check mark under NOT AT ALL.

HEALTH AND SAFETY: How much do you feel you need or want to learn more about:

	A LOT	A LITTLE	NOT AT ALL
How to keep children healthy.	( )	( )	( )
How to make the home safe for children.	( )	( )	( )
How to know if something is physically or mentally wrong with children.	( )	( )	( )
How to care for oneself during pregnancy.	( )	( )	( )
How to care for infants.	( )	( )	( )

CHILD GROWTH AND DEVELOPMENT: How much do you feel you need or want to learn more about:

	A LOT	A LITTLE	NOT AT ALL
What children should be able to learn at different ages.	( )	( )	( )
How to help children learn.	( )	( )	( )
How children's personality is formed.	( )	( )	( )

SOCIAL/EMOTIONAL WELL-BEING OF CHILDREN: How much do you feel you need or want to learn more about:

	A LOT	A LITTLE	NOT AT ALL
How to develop communication skills with children.	( )	( )	( )
How to help children feel good about themselves (build self-esteem).	( )	( )	( )
How to help children see and accept their own feelings.	( )	( )	( )
How to help children get along with family and friends.	( )	( )	( )

YOURSELF AS A PARENT: How much do you feel you need or want to learn more about:

	A LOT	A LITTLE	NOT AT ALL
How to cope with stresses of being a parent.	( )	( )	( )
How to meet needs of all family members.	( )	( )	( )
How to handle frustrations with disobedient children.	( )	( )	( )
How to have fun with children and build family ties.	( )	( )	( )

CHILD MANAGEMENT/DISCIPLINE: How much do you feel you need or want to learn more about:

	A LOT	A LITTLE	NOT AT ALL
How to discipline children.	( )	( )	( )
How to teach children self-care skills (eg. dressing and feeding themselves.)	( )	( )	( )
How to teach children values and morals.	( )	( )	( )

SPECIAL CONCERNS: How much do you feel you need or want to learn more about:

	A LOT	A LITTLE	NOT AT ALL
How to help children deal with:			
- divorce	( )	( )	( )
- remarriage	( )	( )	( )
- death in the family	( )	( )	( )
How to deal with children and talk to children about:			
- sex	( )	( )	( )
- drugs	( )	( )	( )

	A LOT	A LITTLE	NOT AT ALL
How to respond to the special needs of children with:			
- a handicap	( )	( )	( )
- an emotional problem	( )	( )	( )
- a serious illness	( )	( )	( )
How to deal with the unique problem of:			
- adoptive children	( )	( )	( )
- foster children	( )	( )	( )
- twins	( )	( )	( )
How to deal with the unique challenges of being a single parent.	( )	( )	( )
How to be better parents to teenagers.	( )	( )	( )
How to help children learn and cope in school.	( )	( )	( )
How to be an advocate for the child.	( )	( )	( )

OTHER IDEAS: What else do you feel you need or want to learn about parenting? (Please print your answer so we can read your ideas.)

B. HOW YOU WANT TO LEARN

What to do: Below is a list of ways you might use to learn more about parenting. Read about each way of learning. Decide how much you like each way of learning. Then show your answer by putting a check mark (✓) under A LOT, A LITTLE, or NOT AT ALL.

How would you like to learn more about parenting by:

	A LOT	A LITTLE	NOT AT ALL
1) Watching a TV series.	( )	( )	( )
2) Reading books, magazines, or pamphlets from a library.	( )	( )	( )
3) Reading a magazine mailed to you.	( )	( )	( )
4) Attending a conference for parents.	( )	( )	( )
5) Going to a talk (lecture) given by an expert.	( )	( )	( )
6) Taking a course using lectures and group discussions.	( )	( )	( )

	A LOT	A LITTLE	NOT AT ALL
7) Taking a course where you learn by watching children.	( )	( )	( )
8) Taking a course where you learn by watching trained people care for and teach children.	( )	( )	( )
9) Taking a course where you are taught individually (rather than in a group).	( )	( )	( )
10) Having a person visit your home and give advice.	( )	( )	( )
11) Talking with parents in group meetings	( )	( )	( )

OTHER IDEAS. What other ways of learning more about parenting would you like to use? (Please print.)

C. BEST TIMES AND PLACES TO LEARN

What to do: Put a check beside your answer.

a) In the next six months, how much time would you like to spend taking a course or doing something else to learn more about parenting?

( ) no time
( ) 2 to 4 hours (one evening or part of a day)
( ) 5 to 8 hours (one day or two evenings)
( ) 9 to 16 hours (one weekend or a few partial days)
( ) 17 to 35 hours (3 hours every week for several weeks)

b) What time of day is best for you to take a course or do other things to learn about parenting?

( ) evening ( ) weekday ( ) weekend

c) If there was a fee, how much would you be willing to pay?

( ) under $5.00
( ) $10.00
( ) $25.00
( ) $40.00
( ) $55.00
( ) over $55.00

d) If you took a course, would a diploma be important to you?

( ) yes ( ) no

e) Would you take a course or do other things to learn about parenting if child care was not provided for you?

( ) very likely ( ) somewhat likely ( ) not likely

f) Would you take a course or do other things to learn about parenting if you had to travel outside your neighborhood?

( ) very likely ( ) somewhat likely ( ) not likely

g) What else would make it easier for you to take a course or do other things to learn more about parenting?

____

____

____

D. WHO GIVES INFORMATION/ADVICE

What to do: Same as before, answer the questions by putting a check mark under NEVER, A FEW TIMES, or MANY TIMES.

In the past when you wanted some information or advice on parenting, how often did you go to:

	NEVER	A FEW TIMES	MANY TIMES
Friends or Family	( )	( )	( )
Family Doctor or Pediatrician	( )	( )	( )
Nurse	( )	( )	( )
School Counsellor	( )	( )	( )
Day Care Staff	( )	( )	( )
Social Worker	( )	( )	( )
Staff at a Family Agency	( )	( )	( )
Church Personnel	( )	( )	( )
Librahy or Bookstore	( )	( )	( )
Courses, Discussion Groups	( )	( )	( )

Who else have you gone to for advice or information about parenting? Please print your answer.

E. INFORMATION ABOUT YOURSELF

What to do: Answer the following questions about yourself by putting a check mark beside your answer.

I am a: ( ) Mother ( ) Father

Ages of my children are:

( ) not yet born
( ) infant to 3 years old
( ) 4 to 5 years old
( ) 6 to 12 years old
( ) teenager

I am:

( ) a single parent
( ) a parent living with my spouse

My family's income is:

( ) below $16,800/year ($1,400/month)
( ) above $16,800/year $1,400/month)

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

Appendix B

Parent Education Agencies in Edmorton

Table B.1: Parent Education Agencies in Edmonton (July '81/82) by Type of Organization and Major Funder

TYPE OF ORGANIZATION	AGENCY NAME	MAJOR FUNDER
A. HEALTH		
Clinics	City of Edmonton Health Dept.	ASSCH
Associations	Association for Safe Alternatives in Childbirth	Self
	Edmonton Childbirth Education Association	Self
	La Leche League Edmonton	Self
	Pediatric Parents' Group	Self
B. EDUCATION		
Early Childhood Services	ECS, Edmonton Catholic School Board	Education
	ECS, Public School Board	Education
	Edmonton Parent Kindergarten Assn.	Education
Continuing Education	Athabasca University	Advanced Ed.
	Edmonton Catholic School District	Self/Advanced Ed.
	Edmonton Public School Board	Advanced Ed./ ASSCH
	Faculty of Extension, University of Alberta	Advanced Ed./ Self
	Grant MacEwan Community College	Self/ Advanced Ed.
C. SOCIAL SERVICES (Targeted to:)		
Families (Counseling and/or Education)	Canadian Mental Health Association	United Way
	Catholic Social Services	United Way
	Conciliation Service--Family Court	
	Edmonton Social Services--Beverly Centre	FCSS
	Edmonton Social Services Duggan Centre	FCSS
	Edmonton Social Services--Glengarry Centre	FCSS

TYPE OF ORGANIZATION	AGENCY NAME	MAJOR FUNDER
	Edmonton Social Services--Idylwylde Centre	FCSS
	Edmonton Social Services--Jasper Place Centre	FCSS
	Edmonton Social Services--Kingsway Centre	FCSS
	Edmonton Social Services--Millwoods Centre	FCSS
	Edmonton Social Services--Westmount Centre	FCSS
	Family Life Education Council	FCSS/Self/Advanced Ed.
	Family Service Association of Edmonton	United Way/Foundation
	Glenrose Hospital - Dept. of Social Work	
	Norwood Community Service Centre	FCSS
	Parent Resource Unit	ASSCH
	Pastoral Institute of Edmonton	Self
	Personal Development Centre	Self/Advanced Ed.
	Planned Parenthood	FCSS/ASSCH
Children	Alberta Committee on Children and Youth	Foundations/ASSCH
Parents of Teens	McMan Youth Services--Project Break-thru	ASSCH
	Tough Love	Self
Single Parents	One Parent Family Assn.	Self
Foster Parents	Alberta Social Services & Community Health, Foster Care	ASSCH
	Foster Parents Association	ASSCH
Adoptive Parents	Adoptive Parents Association	Self
Exceptional Children	Alberta Association for the Dependent Handicapped	Self
	Association for Bright Children	Self
	Association for the Hearing Handicapped	Self/FCSS
	Canadian Diabetic Assn.	Self
	Centre for the Study of Mental Retardation	Self/Advanced Ed.

TYPE OF ORGANIZATION	AGENCY NAME	MAJOR FUNDER
	Community Behavioral Services	ASSCH
	Early Education Program	ASSCH
	Edmonton Association for Children with Learning Disabilities	Self
	Edmonton Cerebral Palsy Association	Self
	Elves Memorial Child Development Centre	United Way
	Family Home Program, Services for the Handicapped - Social Services & Community Health	ASSCH
	Gateway Association for the Mentally Handicapped	United Way
Teenage Parents	Edmonton Runaway Project--Teen Mothers Programme	Employment & Immigration Canada)
	Terra Association	United Way
	Woodside Home	ASSCH
Abusive/Neglectant Parents	Family Support Program, ASS & CH	ASSCH
Natives	Native Counselling Services	ASSCH
D. Other		
	Alberta Consumer and Corporate Affairs	Prov. Gov't.
	Alberta Access	Prov. Gov't.
	Alberta Agriculture	Prov. Gov't.
	Edmonton Twin and Triplet Club	Self
	Unitarian Church	Self

Appendix C

Support Services for Parents (Charts 1-7)

Support Services for Parent Educators (Charts 8-14)

Chart 1: LIBRARY FOR PARENTS

PROVIDED BY	PROVIDED FOR	RESOURCES AVAILABLE				PLANNED CHANGE
		Books/ Pamphlets	Tapes	Films	Posters	
Edmonton Local Board of Health	Attendants of post-partum classes (in all clinics); Body Talk Series (South Side Clinic)	X	X	X	X	Less money next year for library
Assn. for Safe Alternatives in Childbirth	ASAC members and public	X	X			Expand
La Leche League	Attendants of meetings	X				
Pediatric Parents' Group	Parents with children at Cross Cancer Clinic	X				
ECS, Catholic School Board Centre "Parent Corners"	Mainly parents with children in kindergarten	X	X	X	X	
ECS Branch, Alberta Education	Parents with children in kindergarten (obtained via teacher)	X	X	X	X	
EPSB - Continuing Education	Parents					Develop library at Malmo School
CMHA	Indiv. Parents/Schools	X		X	X	

		RESOURCES AVAILABLE				
PROVIDED BY	PROVIDED FOR	Books/ Pamphlets	Tapes	Films	Posters	PLANNED CHANGE
Edmonton Social Services Beverly Unit	Beverly district; clients and people phoning for information	X	X		X	
Edmonton Social Services Duggan Centre	Duggan district	X				
Edmonton Social Services Glengarry	Glengarry district; clients	X			X	
Edmonton Social Services Millwoods	Millwoods district; clients	X			X	
FLEC	Parents in FLEC courses	X		X		Expand into Resource Centre for Parents
Parent Resource Unit	Public; especially parents in L.A.C.'s	X	X	X	X	Printed material available via FCSS Tapes & films relevant to LAC's available at ECS branch
Pastoral Institute	Clients of Pastoral Inst.					develop library
McMan Youth Services Project Breakthru	Parents with teens in Project Breakthru	X				
Adoptive Parents Assn.	Members	X				

		RESOURCES AVAILABLE				
PROVIDED BY	PROVIDED FOR	Books/ Pamphlets	Tapes	Films	Posters	PLANNED CHANGE
Alta. Assn. for the Dependent Handicapped	Members; parents of severely disabled children	X				May combine library with other agencies
Assn. for the Hearing Handicapped	Members; parents of deaf children	X				
Community Behavioral Services	Parents of handicapped children	X	X	X		
Edm. Assn. for Children with Learning Disabilities	Parents of children with learning disabilities	X	X	X		
Edmonton Cerebral Palsy Assn.	Parents of C.P. children					
Early Education Program	Parents of handicapped pre-school children in Home Program	X				
Family Home Program	Parents of handicapped children	X	X			
Gateway	Parents of mentally handicapped children	X				
Glenrose School Hospital	Parents of handicapped children at Glenrose	X				

PROVIDED BY	PROVIDED FOR	RESOURCES AVAILABLE				PLANNED CHANGE
		Books/ Pamphlets	Tapes	Films	Posters	
Terra	Unwed Mothers	X		X		
ACCESS	Parent groups; women's groups			X		
Norwood Community Service Centre	Norwood mothers	X				
Twin and Triplet Club	Parents with twins or triplets attending meetings	X				
Unitarian Church	Church members	X				

Chart 2: EDUCATIONAL PAMPHLETS

DISTRIBUTED BY:	PROVIDED TO:	TOPICS
Edmonton Local Board of Health	Attendants of postpartum classes (all clinics) and Body Talk series (South side clinic)	At least 50 titles (Many CMHA pamphlets)
Edmonton Childbirth Education Assn.	Couples in prenatal classes	Childbirth, breast feeding, nutrition, prenatal info.
La Leche League	Prenatal classes and requests	100 different topics
Pediatric Parent's Group	Parents with children at Cross Cancer Clinic	Special needs of children with a serious illness (cancer)
ECS, ECSB	Parents in ECS	Variety; including safety, health
ECSB - Continuing Education	Parents in ECS	Child Behaviour
CMHA	Parents, via human service providers/libraries	16 pamphlets, on common parent problems
Edmonton Social Services Beverly Centre	Beverly area; clients and parents phoning in for information	Mental Health Parenting Kit; Smiles and Tears; Resources for parents prepared by an area parent
Edmonton Social Services Duggan Centre	Duggan area	How to toilet train; child development; health snacks; what to do when there is nothing to do
Edmonton Social Services Glengarry	Glengarry area; Day Care parents	Canadian Mental Health Assn. series on young children
Edmonton Social Services Jasper Place	Participants of parenting groups	Numerous

DISTRIBUTED BY:	PROVIDED TO	TOPICS
Edmonton Social Services Westmount	Westmount area; clients	
FLEC	Parents taking FLEC courses	Child rearing
FSA	Divorced/separated parents	Helping children face crisis when the family breaks up
PRU	Edmonton area, particularly L.A.C.'s	
Pastoral Institute	Clients	
Personal Development Centre	Centre users (i.e. clients)	Wide variety
Planned Parenthood	Inquirerers	Puberty and parents role in educating children
Edmonton Twin and Triplet Club	All parents expecting multiple births; Maternity Wards	One and One = Twins; Parents of multiple births; Education Outreach kit; breast feeding; Twin Care booklet
Parent Support Group (Tough Love)	Parents of teens and participants of group	AADAC brochures; Tough Love Manual
McMan Youth Services - Project Breakthru	Parents of teens in Project Breakthru	Sex education, drugs, hygiene
ASS&CH, Foster Care	Foster parents at workshops	
Assn. for Bright Children	Attendants of meetings; parents of bright children	Articles re: Bright children

DISTRIBUTED BY	PROVIDED TO	TOFICS
Assn. for the Hearing Handicapped	Parents of deaf children	Parent Info Kits
Canadian Diabetes Assn., Edmonton	Parents of diabetic children	Pamphlets re: diabetes
Edmonton Assn. for Children With Learning Disabilities	Parents of children with learning disabilities	Variety re: parents of learning disabled children
Terra	Unwed mothers	The Mini Resource Book; Baby's Nursing Habits; Alcohol and Your Unborn Baby; Expecting a Baby; Day Care; Child Abuse; Info for parents of an infant who has died unexpectedly
Children Centre - Detention and Receiving Family Support Program	Negligent/abusive parents	Wide variety
Alberta Consumer and Corporate Affairs	Community groups; ECS	Children and Advertising; Children's Allowances; buying toys
Norwood Community Service Centre	Norwood; Centre users	Immunization; Nutrition; Discipline, etc.

Chart 3: MAILED MATERIAL

PROVIDER	PROVIDED TO	DESCRIPTION
Edmonton Parent Kindergarten Assn. E.C.S., E.P.S.B.	Parents in E.P.K.A.	- began last year - was to be sent every 2 months - topics included: how to make toys - E.C.S. services
Association for Bright Children	Members of Assn. for Bright Children	
Twin and Triplet Club	members and hospitals	
Parent Resource Unit (*)	parents at Royal Alex. and U. of A. Hospital who requested subscription; children 0 - 6 years	- sent regularly from birth of child to age 6. - information is age specific - (was a pilot project)

* No longer in operation.

Chart 4: CONFERENCES FOR PARENTS

SPONSOR	PROVIDED FOR	TOPICS
La Leche League	Public	"Good Mothering Through Breast Feeding"
ECS, ECSB	Parents in ECS and public	1) Discipline; 2) Parent-Teacher Partnership
ECS, EPSB	Parents in ECS and public	"Today, Tomorrow, The Future" - stress, death and dying, creative movement, literature appreciation, sexuality
Parent Resource Unit *	Public	"First Three Years of Life" - Burton White
Alberta Committee on Children and Youth	Public	Parent Involvement in Education
One Parent Family Association	Single parents	Sex and the Single Parent, Coping as a Single Parent, Talking to Your Children
Adoptive Parents Association	Adoptive parents	"Adoption - The Options"
Association for Bright Children	Parents of bright children	Special education, emotional needs of bright children
Edmonton Assn. for Children with Learning Disabilities	Parents of children with learning disabilities	Hyperactive Diet; Practical Aids for Helping Children with Reading Problems; Self-Esteem; Child Management
Gateway	Parents of mentally handicapped children	Mentally handicapped children and parent/professional interaction
Norwood Community Service Centre	Norwood	Family life; parent resources, etc.

* Parent Resource Unit no longer in operation.

Chart 5: SELF-HELP GROUPS

ORGANIZER	PROVIDED FOR	GROUP DISCUSSION AND:	TOPICS	FREQUENCY OF MEETINGS	NUMBER OF PARTICIPANTS
Edmonton Local Board of Health		speakers			
A.S.A.C.	(self) A.S.A.C. members	speakers	childbirth; infant care	monthly	270
LaLeche League	(self) Mothers interested in breast feeding.	speakers	physical & psychological aspects of breast feeding parent/self; child management	monthly	2,000
(Pediatric Parent's Group) Cross Cancer Clinic	Pediatric Parent's Group (Parents with children at Cross Cancer Clinic)	speakers	special needs of children with a serious illness; bereavement; social-emotional well being of children; parent/self	monthly	70
E.C.S. Centres	(self) mainly parents with children in kindergarten				
Catholic Social Services	Single, separated, divorced support group	speakers	issues re: single; divorced parents	every 2 weeks	
Edmonton Social Services Beverly Unit	Beverly area; mainly clients and referrals from Child Welfare or Public Health Nurses	presentations; modelling; indiv. instruction; reading	focus on social-emotional well being of children; parent/self		

ORGANIZER	PROVIDED FOR	GROUP DISCUSSION AND:	TOPICS	FREQUENCY OF MEETINGS	NUMBER OF PARTICIPANTS
Edmonton Social Services Jasper Place	Jasper Place area; parents who attended parenting program				15
Edmonton Social Services Westmount	Westmount area	reading			
F.L.E.C.	Step/Blended Families; Gateway Assn.				
Personal Development Centre					
Parent Support Group (Tough Love)	(self) Parents of teens in support group	speakers	issues re: parents of "problem" teens		20 - 40 per session
McMan Youth Services - Project Breakthru	Parents of teens in Project Breakthru	individual instruction; speakers	issues re: parents of teens in "trouble with the law"	1 - 3 times a week	140
One Parent Family Assn.	(self) single parents; members of assn.	speakers; films		weekly	100
A.S.S.&C.P., Foster Care; and Foster Parents Assn.	Foster Parents Assn. (self)	speakers		monthly	
Adoptive Parents Assn.	(self) adoptive parents	speakers	adopting handicapped or older children; inter-racial adoption; others	monthly	

ORGANIZER	PROVIDED FOR	GROUP DISCUSSION AND:	TOPICS	FREQUENCY OF MEETINGS	NUMBER OF PARTICIPANTS
Alberta Assn. for Dependent Handicapped	(self) Parents of handicapped children	speakers		bi-monthly	
Assn. for Bright Children	(self) parents of exceptionally bright children	speakers; indiv. advice	focus on activities for bright children		50 - 60/ session
Assn. for the Hearing Handicapped	(self) Parents of deaf children	indiv. advice	variety	twice/month	
Canadian Diabetic Assn., Edmonton	(self) Parents of diabetic children	speakers	health; stress; special needs of diabetic children	bi-monthly	30
Edmonton Assn. for Children with Learning Disabilities	(self) Hyperactivity support group	speakers; films	social-emotional well-being of hyperactive children; parent/self		8
Edmonton Assn. for Children with Learning Disabilities	(self) Parents interested in learning disabilities	speakers	learning disabilities and the family; management of hyperactive children; L.D. child; communication and discipline	monthly	
Elves Memorial Child Development Centre	Parents with young handicapped children at the Centre				

ORGANIZER	PROVIDED FOR	GROUP DISCUSSION AND:	TOPICS	FREQUENCY OF MEETINGS	NUMBER OF PARTICIPANTS
Family Home Program	Family Home Program parents (parents of handicapped children)			bi-monthly	
Gateway	(self Parents of mentally handicapped children	speakers; films	how to help children learn; stress; special needs of children with a handicap	monthly	
Children's Centre - Detention & Receiving Family Support Program	Mom's support group - clients of child welfare caseload; single; low income; mainly north Edmonton	speakers	variety of parenting topics; budgetting		20
Norwood Community Service Centre	Norwood Parents Group				
Twin and Triplet Club	(self) New mothers (infant - 1 year) of twins or triplets		problems with first year of multiple births	4 times/year	
Unitarian Church	Church members having attended parenting courses			monthly	

Chart 6: SPEAKERS (LECTURES), NOT SPONSORED BY SELF-HELP GROUPS

SPEAKERS SPONSORED BY	PROVIDED FOR	TOPICS
ECS, ESSB		School readiness; Health
ESSB - Continuing Education	public	Children's behavior; stress; encouragement
Edmonton Social Services - Glengarry	Glengarry, clients	Health
Community Behavioral Services	Handicapped children	Behavior management
Early Education Program	Handicapped preschool children in Home Program	Motor development
Family Home Program	Handicapped foster children in Family Home Program	Occupational Therapy
Terra	Unwed mothers	Children's emotional needs; day care services

Chart 7: SOURCE OF INFORMATION ON PARENT EDUCATION

PROVIDER	PROVIDED FOR	INFORMATION ON: Programs	Conferences	Parent Groups	Speakers
E.C.S., E.C.S.B.	Parents in E.C.S.	X	X	X	X
Edmonton Parent Kingergarten Assn. E.C.S., E.P.S.B.	E.P.K.A. members	X	X		
Edmonton Social Services - Beverly				X	
Edmonton Social Services - Millwoods	Millwoods	X			
F.L.E.C.	Edmonton; clients and inquiries	X	X	X	X
Personal Development Centre	Edmonton; clients and inquiries	X	X	X	X
A.S.S. & C.H., Foster Care	Foster parents	X	X	X	X
Adoptive Parents Assn.	Adoptive Parents	X	X	X	
Community Behaviorial Services	Parents of handicapped children	X		X	X

		INFORMATION ON:			
PROVIDER	PROVIDED FOR	Programs	Conferences	Parent Groups	Speakers
Edmonton Assn. for Children with Learning Disabilities	Parents of children with learning disabilities	X	X	X	
Elves Memorial Child Development Centre	Parents of handicapped children.	X	X	X	X
Gateway	Parents of handicapped children.	X	X	X	X
Glenrose School Hospital	Parents with handicapped children at Glenrose.	X	X	X	
Terra	Unwed mothers.		X		X
Norwood Community Service Centre	Centre users; (Norwood)	X	X	X	X
Parent Resource Unit	Public	X	X	X	X

Chart 8: RESOURCE MATERIAL FOR PARENT EDUCATORS

PROVIDER	DESCRIPTION	PLANNED CHANGE
La Leche League	"Breast feeding" pamphlet to clinics, doctor's offices and hospitals	
ECS Branch	Books, manuals, audio-visual material provided to ECS operators; Jointly produced media programs with ACCESS	Obtain some PRU material
CMHA	Pamphlet series on parenting	
Parent Resource Unit	Focus on parenting; guide for leaders and other training material; extensive library of resources	No longer operating
Alberta Committee on Children & Youth	Book: "What You Should Know About Alberta Children and Their Families"	
Community Behavioral Services	Training materials	
Assn. for Children with Learning Disabilties	Library, films, tapes, pamphlets re: learning disabilities	
Edmonton Cerebral Palsy Assn.	For Glenrose School Hospital	

PROVIDER	DESCRIPTION	PLANNED CHANGE
Glenrose School Hospital	Article "Emotional Stages of Parents with Handicapped Children" written for P.R.U.	
Alberta Consumer and Corporate Affairs	Publications, teaching packages, films re: parents and consumerism	
ACCESS	9 video series on parents and children	
Twin and Triplet Club	Multiple Birth Outreach Kit given to health clinics, obstetricians and Miscecordia and University Hospital	

Chart 9: TRAINING FOR PARENT EDUCATORS

PROVIDER	PROVIDED TO	PLANNED CHANGE
Edmonton Local Board of Health	Nurses provided some training for Day Cares, ECS groups, and Mother's groups	
LaLeche League	Leaders for LaLeche League	
Cross Cancer Clinic	Trained leaders one at a time for Parent's Pediatric Group	
Edmonton Social Services Millwoods	Trained 3	
FLEC	Trained numerous	No longer can afford extensive training
Parent Resource Unit	Trained over 50	No longer operating
Pastoral Institute	Trained 12	
A.S.S.&C.H., Foster Care	Trained 18 in conjunction with Parent Resource Unit	

Chart 10: CONFERENCES FOR PARENT EDUCATORS

PROVIDER	PROVIDED TO	PLANNED CHANGE
La Leche League		
Parent Resource Unit	Organized one per year. 1982 "First Three Years of Life"	No longer operating
Assn. for Children with Learning Disabilities	One: "Learning Disabilities - Practical Aspects"	No conference for educators
Gateway	One: "Interaction of Mentally Handicapped Child, Parents and Professionals"	

Chart 11: WORKSHOPS/SEMINARS FOR PARENT EDUCATORS

PROVIDER	PROVIDED TO	PLANNED CHANGE
Edmonton Local Board of Health	Offered to nurses and agencies 1) "Teaching Parenting" - Margo Edwards 2) "Teaching Adults" - Tariq Bhatti	
La Leche League	Give speaches for nurses, mid wives	
F.L.E.C.	Offered to Grant MacEwan students; Consumer and Corporate Affairs	
Parent Resource Unit	Offered six seminars	No longer operating
Community Behavioral Services	Offered three seminars	

Chart 12: CONSULTATIONS FOR PARENT EDUCATORS

PROVIDER	PROVIDED TO	PLANNED CHANGE
E.C.S., Alberta Education	Consultations with E.C.S. centres	Additional Parent Resource Consultant in Edmonton for 1982/83
Parent Resource Unit	Numerous consultations	No longer operating
Community Behavioral Services		
Edmonton Cerebral Palsy Assn.	Consultations with PRIMER Course; C.B.S.	
Glenrose School Hospital	Consulted one parent education program	

Chart 13: CENTRAL SOURCE OF INFORMATION FOR PARENT EDUCATORS

PROVIDER	PROVIDED TO	PLANNED CHANGE
E.C.S., Alberta Education	Newsletter, sent to all ECS Centres Provides information on resource material, workshops, etc.	
Parent Resource Unit	Provincial Newsletter; City Directory of Parent Education Programs	No longer operating
Gateway	Newsletter to agencies working with handicapped children	

Chart 14: CO-ORDINATING SERVICES FOR PARENT EDUCATION

PROVIDER	PROVIDED TO	PLANNED CHANGE
Parent Resource Unit	Co-ordinated a group of people from parenting/family life agencies in an effort to identify gaps and strengthen services	Will be co-ordinated through another agency

Appendix D

Tables D-1 to D-20

Table D-1: Importance of Target Groups as Perceived by Agencies (N=38)

Target Group	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
All parents	2	5.3	5	13.2	10	26.3	13	34.2	8	21.1
Mothers	6	15.8	3	7.9	9	23.7	8	21.1	12	31.6
Fathers	3	7.9	1	2.6	12	31.6	9	23.7	13	34.2
Parents with Children of Ages:										
prenatal	4	10.5	2	5.3	10	26.3	8	21.1	14	36.8
infant-3 years	1	2.6	2	5.3	11	28.9	14	36.8	10	26.3
4 - 5 years	1	2.6	4	10.5	10	26.3	12	31.6	11	28.9
6 - 12 years	0	-	4	10.5	11	28.9	13	34.2	10	26.3
teen	0	-	1	2.6	10	26.3	20	52.6	7	18.4
Single parents	1	2.6	0	-	7	18.4	22	57.9	8	21.1
Step-parents	1	2.6	3	7.9	10	26.3	14	36.8	10	26.3
Non-custody parents	1	2.6	2	5.3	11	28.9	11	28.9	13	34.2
Group home parents	1	2.6	1	2.6	9	23.7	12	31.6	15	39.5
Foster parents	0	-	3	7.9	8	21.1	17	44.7	10	26.3
Adoptive parents	1	2.6	2	5.3	10	26.3	12	31.6	13	34.2
Parents with:										
a very low income	3	7.9	0	-	10	26.3	13	34.2	12	31.6
middle or high income	2	5.3	2	5.3	14	36.8	6	15.8	14	36.8
Teenage parents	0	-	1	2.6	5	13.2	25	65.8	7	18.4
Parents with exceptional children	1	2.6	3	7.9	11	28.9	11	28.9	12	31.6
Parents prone to child abuse/neglect	0	-	0	-	3	7.9	28	73.7	6	15.8

Table D-2: Importance of Target Groups as Perceived by Professionals (N=78)

Target Group	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
All parents	6	7.7	18	23.1	35	44.9	12	15.4	7	8.9
Mothers	5	6.4	9	11.5	33	42.3	23	29.5	8	10.3
Fathers	5	6.4	9	11.5	31	39.7	23	29.5	10	12.8
Parents with children of ages: prenatal	4	5.1	8	10.3	23	29.5	33	42.3	10	12.8
infant-3 years	1	1.3	4	5.1	27	34.6	36	46.2	10	12.8
4 - 5 years	1	1.3	7	8.9	35	44.9	25	32.1	10	12.8
6 - 12 years	1	1.3	8	10.3	35	44.9	23	29.5	11	14.1
teen	1	1.3	5	6.4	23	29.5	39	50.0	10	12.8
Single parents	0	-	1	1.3	20	25.6	49	62.8	8	10.3
Step-parents	1	1.3	8	10.3	28	35.9	30	38.5	11	14.1
Non-custody parents	0	-	9	11.5	26	33.3	31	39.7	12	15.4
Group-home parents	1	1.3	6	7.7	21	26.9	38	48.7	12	15.4
Foster parents	1	1.3	4	5.1	21	26.9	44	56.4	8	10.3
Adoptive par parents	3	3.8	4	5.1	26	33.3	35	44.9	10	12.8
Parents with: a very low income	2	2.6	6	7.7	26	33.3	32	41.0	12	15.4
middle or high income	3	3.8	13	16.7	32	41.0	15	19.2	15	19.2
Teenage parents	1	1.3	0	[illegible]	7	8.9	61	78.2	9	11.5
Parents with exceptional children	2	2.6	6	7.7	19	24.4	42	53.8	9	11.5
Parents prone to child abuse/neglect	0	-	1	1.3	2	2.6	67	85.9	8	10.3

Table D-3: Priority Target Groups Chosen by Agencies (N=38)

Target Group	First Priority		Second Priority		Third Priority		1st, 2nd, or 3rd Priority	
	#	%	#	%	#	%	#	%
All parents	1	2.6	1	2.6	1	2.6	3	7.9
Mothers	0	-	0	-	0	-	0	-
Fathers	0	-	0	-	2	5.3	2	5.3
Parents with children of ages:								
- prenatal	1	2.6	0	-	0	-	1	1.6
- infant - 3 years	2	5.3	1	2.6	0	-	3	7.9
- 4 - 5 years	0	-	1	2.6	1	2.6	2	5.3
- 6 - 12 years	1	2.6	1	2.6	1	2.6	3	7.9
- teen	3	7.9	3	7.9	2	5.3	8	21.0
Single parents	5	13.2	3	7.9	4	10.5	12	31.6
Step-parents	0	-	1	2.6	0	-	1	2.6
Non-custody parents	0	-	0	-	0	-	0	-
Group-home parents	0	-	0	-	1	2.6	1	2.6
Foster parents	0	-	0	-	1	2.6	1	2.6
Adoptive parents	0	-	0	-	1	2.6	1	2.6
Parents with:								
- a very low income	1	2.6	0	-	3	7.9	4	10.5
Teenage parents	7	18.4	8	21.0	5	13.2	20	52.6
Parents with exceptional children	3	7.9	3	7.9	1	2.6	7	18.9
Parents prone to child abuse/ neglect	10	26.3	6	15.8	4	10.5	20	52.6
(Students) Potential parents	0	-	3	7.9	0	-	3	7.9
Low intelligence parents	1	2.6	0	-	0	-	1	2.6
No answer	3	7.9	7	18.9	11	28.9	29	76.3

Table D-4: Priority Target Groups Chosen by Professionals (N=78)

Target Group	First Priority		Second Priority		Third Priority		1st, 2nd, or 3rd Priority	
	#	%	#	%	#	%	#	%
All parents	3	3.8	0	-	2	2.6	5	6.4
Mothers	0	-	0	-	0	-	0	-
Fathers	4	5.1	3	3.8	0	-	7	9.0
Parents with children of ages:								
- prenatal	1	1.3	1	1.3	0	-	2	2.6
- infant - 3 years	2	2.6	1	1.3	5	6.4	8	10.3
- 4 - 5 years	1	1.3	4	5.1	1	1.3	6	7.7
- 6 - 12 years	2	2.6	1	1.3	0	-	3	3.8
- teen	2	2.6	2	2.6	2	2.6	6	7.7
Single parents	9	11.5	15	19.2	12	15.4	36	46.2
Step-parents	1	1.3	2	2.6	0	-	3	3.8
Non-custody parents	0	-	1	1.3	0	-	1	1.3
Group-home parents	0	-	0	-	1	1.3	1	1.3
Foster parents	0	-	5	6.4	1	1.3	6	7.7
Adoptive parents	0	-	1	1.3	1	1.3	2	2.6
Parents with: a very low income	5	6.4	0	-	4	5.1	9	11.5
Teenage parents	10	12.8	13	16.7	6	7.7	29	37.2
Parents with exceptional children	3	3.8	2	2.6	5	6.4	10	12.8
Parents prone to child abuse/neglect	25	32.1	14	17.9	4	5.1	43	55.1
Parents with minimal education,	0	-	0	-	5	6.4	5	6.4
Young children	1	1.3	2	2.6	0	-	3	3.8
Adolescents (potential parents)	0	-	2	2.6	0	-	2	2.6
Natives	1	1.3	0	-	0	-	1	1.3
No answer	8	10.3	9	11.5	29	37.2	46	58.9

Table D-5: Importance of Topics as Perceived by Agencies (N=38)

Topic	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
Health & Safety										
How to keep children healthy	2	5.3	6	15.8	14	36.8	10	26.3	6	15.8
How to make the home safe for children	2	5.3	8	21.1	11	28.9	11	28.9	6	15.8
How to know if something is physically or mentally wrong with children	2	5.3	6	15.8	13	34.2	12	31.6	5	13.2
How to care for oneself during pregnancy	3	7.9	4	10.5	10	26.3	15	39.5	6	15.8
How to care for infants	1	2.6	2	5.3	14	36.8	16	42.1	5	13.2
Child Growth & Development										
What children should be able to learn at different ages	0	-	8	21.1	15	39.5	12	31.6	3	7.9
How to help children learn	0	-	7	18.4	18	47.4	9	23.7	4	10.5
How children's personality is formed	0	-	3	7.9	20	52.6	9	23.7	6	15.8
Social/ Emotional Well-Being of Children										
How to develop communication skills with children	1	2.6	0	-	12	31.6	22	57.9	3	7.9

Topic	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
How to help children feel good about themselves (build self esteem)	1	2.6	0	-	12	31.6	22	57.9	3	7.9
How to help children see and accept their own feelings	1	2.6	0	-	15	39.5	19	50.0	3	7.9
How to help children get along with family and friends	1	2.6	1	2.6	17	44.7	15	39.5	4	10.5
Parent/Self How to cope with stresses of being a parent	0	-	1	2.6	11	28.9	22	57.9	4	10.5
How to meet needs of all family members	1	2.6	4	10.5	14	36.8	14	36.8	5	13.2
How to handle frustrations with disobedient children	1	2.6	0	-	13	34.2	19	50.0	5	13.2
How to have fun with children and build family ties	1	2.6	4	10.5	11	28.9	17	44.7	5	13.2
Child Management/ Discipline How to discipline children	1	2.6	1	2.6	14	36.8	15	39.5	7	18.4
How to teach children self-care skills (eg. dressing and feeding themselves)	1	2.6	9	23.7	17	44.7	5	13.2	6	15.8

Topic	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
How to teach children values and morals	1	2.6	6	15.8	14	36.8	14	36.8	3	7.9
Special Concerns										
How to help children deal with: - divorce	1	2.6	5	13.2	16	42.1	10	26.3	6	15.8
- remarriage	1	2.6	5	13.2	15	39.5	11	28.9	6	15.8
- death in the family	1	2.6	6	15.8	17	44.7	7	18.4	7	18.4
How to deal with children and talk to children about: - sex	2	5.3	2	5.3	17	44.7	14	36.8	3	7.9
- drugs	2	5.3	2	5.3	18	47.4	14	36.8	2	5.3
How to respond to the special needs of children with: - a handicap	0	-	3	7.9	17	44.7	11	28.9	7	18.4
- an emotional problem	0	-	2	5.3	13	34.2	13	34.2	10	26.3
- serious illness	0	-	2	5.3	16	42.1	11	28.9	9	23.7
How to deal with the unique problem of: - adoptive children	2	5.3	6	15.8	17	44.7	7	18.4	6	15.8
- foster children	2	5.3	5	13.2	15	39.5	7	18.4	9	23.7
- twins	7	18.4	6	15.8	14	36.8	4	10.5	7	18.4

Topic	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
How to deal with the unique challenge of being a single parent	1	2.6	1	2.6	15	39.5	18	47.4	3	7.9
How to be better parents to teenagers	1	2.6	2	5.3	17	44.7	15	39.5	3	7.9
How to help children learn and cope in school	3	7.9	5	13.2	17	44.7	9	23.7	4	10.5
How to be an advocate for the child	0	-	8	21.1	15	39.5	9	23.7	6	15.8

Table D-6: Importance of Topics as Perceived by Professionals

Topic	Not Important		Somewhat Important		Important		Essential		Don't Know	
Health and Safety	#	%	#	%	#	%	#	%	#	%
How to keep children healthy	3	3.8	12	15.4	35	44.9	19	24.4	9	11.5
How to make the home safe for children	4	5.1	10	12.8	41	52.6	15	19.2	8	10.3
How to know if something is physically or mentally wrong with children	3	3.8	6	7.7	33	42.3	27	34.6	9	11.5
How to care for oneself during pregnancy	7	8.9	4	5.1	23	29.5	34	43.6	10	12.8
How to care for infants	2	2.6	10	12.8	31	39.7	28	35.9	7	9.0
Child Growth & Development										
What children should be able to learn at different ages	3	3.8	10	12.8	35	44.9	23	29.5	7	9.0
How to help children learn	3	3.8	8	10.3	33	42.3	27	34.6	7	9.0
How children's personality is formed	3	3.8	14	17.9	30	38.5	23	29.5	8	10.3
Social/ Emotional Well-Being of Children										
How to develop communication skills with children	0	-	3	3.8	24	30.8	43	55.1	8	10.3

Topic	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
How to help children feel good about themselves	0	-	0	-	11	14.1	59	75.6	8	10.3
How to help children see and accept their own feelings	0	-	2	2.6	19	24.4	49	62.8	8	10.3
How to help children get along with family and friends	1	1.3	4	5.1	26	33.3	39	50.0	8	10.3
Parent/Self										
How to cope with stresses of being a parent	0	-	1	1.3	27	34.6	44	56.4	6	7.7
How to meet needs of all family members	0	-	5	6.4	41	52.6	24	30.8	8	10.3
How to handle frustrations with disobedient children	0	-	1	1.3	30	38.5	39	50.0	8	10.3
How to have fun with children and build family ties	1	1.3	1	1.3	30	38.5	39	50.0	7	9.0
Child Management/Discipline										
How to discipline children	0	-	4	5.1	22	28.2	43	55.1	9	11.5
How to teach children self care skills (eg. dressing & feeding themselves)	2	2.6	14	17.9	36	46.2	15	19.2	11	14.1
How to teach children values and morals	0	-	8	10.3	29	37.2	30	38.5	11	14.1

Topic – Special Concerns	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
How to help children deal with:										
- divorce	0	-	1	1.3	35	44.9	33	42.3	9	11.5
- remarriage	0	-	4	5.1	33	42.3	31	39.7	10	12.8
- death in the family	1	1.3	3	3.8	36	46.2	29	37.2	9	11.5
How to deal with children and talk to children about:										
- sex	1	1.3	6	7.7	32	41.0	32	41.0	7	9.0
- drugs	1	1.3	9	11.5	23	29.5	35	44.9	10	12.8
How to respond to the special needs of children with										
- a handicap	1	1.3	5	6.4	29	37.2	34	43.6	9	11.5
- an emotional problem	2	2.6	2	2.6	27	34.6	39	50.0	8	10.3
- serious illness	2	2.6	1	1.3	33	42.3	31	39.7	11	14.1
How to deal with the unique problem of:										
- adoptive children	3	3.8	8	10.3	31	39.7	27	34.6	9	11.5
- foster children	1	1.3	8	10.3	32	41.0	27	34.6	10	12.8
- twins	1	1.3	13	16.7	35	44.9	15	19.2	14	17.9
How to deal with the unique challenge of being a single parent	1	1.3	1	1.3	32	41.0	38	48.7	6	7.7
How to be better parents to teenagers	1	1.3	2	2.6	32	41.0	33	42.3	10	12.8
How to help children learn and cope in school	1	1.3	9	11.5	36	46.2	21	26.9	11	14.1
How to be an advocate for the child	1	1.3	7	9.0	37	47.3	23	29.5	10	12.8

Table D-7: Priority Topics Chosen by Agencies

Topic	First Priority		Second Priority		Third Priority		1st, 2nd or 3rd Priority	
	#	%	#	%	#	%	#	%
Health and Safety	1	2.6	2	5.3	1	2.6	4	10.5
Child Growth and Development	5	13.2	5	13.2	6	15.8	16	42.1
Social/Emotional Well-Being	10	26.4	2	5.3	4	10.5	16	42.1
Parent/Self	5	13.2	5	13.2	3	7.9	13	34.2
Child Management	4	10.5	7	18.4	3	7.9	14	36.8
How to help children deal with: - divorce and/or remarriage	2	5.3	2	5.3	2	5.3	6	15.8
- death in the family	0	-	1	2.6	0	-	1	2.6
How to deal with children and talk to children about: - sex	0	-	1	2.6	1	2.6	2	5.3
- drugs	0	-	0	-	0	-	0	-
How to respond to the special needs of children with: - a handicap	0	-	1	2.6	2	5.3	3	7.9
- an emotional problem	1	2.6	2	5.3	0	-	3	7.9
- serious illness	0	-	0	-	0	-	0	-
How to deal with the unique problem of: - adoptive children	0	-	0	-	0	-	0	-
- foster children	1	2.6	0	-	0	-	1	2.6
- twins	0	-	0	-	0	-	0	-
How to deal with the unique challenge of being a single parent	1	2.6	2	5.3	1	2.6	4	10.5
How to be better parents to teenagers	0	-	1	2.6	1	2.6	2	5.3
How to help children learn and cope in school	0	-	0	-	1	2.6	1	2.6
How to be an advocate for the child	0	-	0	-	2	5.3	2	5.3
How to deal with abuse/neglect	1	2.6	0	-	0	-	1	2.6
No answer	7	18.4	7	18.4	11	28.9		

Table D-8: Priority Topics Chosen by Professionals

Topic	First Priority		Second Priority		Third Priority		1st, 2nd or 3rd Priority	
	#	%	#	%	#	%	#	%
Health and Safety	7	8.9	4	5.1	0	-	11	14.1
Child Growth and Development	20	25.6	2	2.6	4	5.1	26	33.3
Social/Emotional Well-Being	23	29.5	27	34.6	9	11.5	59	75.6
Parent/Self	8	10.3	13	16.7	19	24.4	40	51.8
Child Management	3	3.8	7	8.9	7	8.9	17	21.8
How to help children deal with: - divorce and/or remarriage	2	2.6	6	7.7	7	8.9	15	19.2
- death in the family	0	-	0	-	0	-	0	-
How to deal with children and talk to children about: - sex	2	2.6	4	5.1	0	-	6	7.7
- drugs	0	-	1	1.3	0	-	1	1.3
How to respond to the special needs of children with: - a handicap	0	-	0	-	0	-	0	-
- an emotional problem	0	-	0	-	0	-	0	-
- serious illness	0	-	0	-	0	-	0	-
How to deal with the unique problem of: - adoptive children	1	1.3	0	-	2	2.6	3	3.8
- foster children	0	-	0	-	0	-	0	-
- twins	4	5.1	1	1.3	5	6.4	10	12.8
How to deal with the unique challenge of being a single parent	0	-	0	-	1	1.3	1	1.3
How to be better parents to teens	0	-	0	-	0	-	0	-
How to help children learn and cope in school	0	-	2	2.6	0	-	2	2.6
How to be an advocate for the child	3	3.8	0	-	0	-	3	3.8
How to deal with abuse/neglect	0	-	0	-	0	-	0	-
No answer	5	6.4	11	14.1	24	30.8		

Table D-9: Importance of Topics as Perceived by Parents

Want to Learn About Topic:

Topic	A Lot		A Little		Not at All		No Answer	
Health and Safefy								
How to keep children healthy	183	42.3	155	35.8	80	18.5	15	3.5
How to make the home safe for children	152	35.1	181	41.8	83	19.2	17	3.9
How to know if something is physically or mentally wrong with children	255	58.9	125	28.9	39	9.0	14	3.2
How to care for oneself during pregnancy	62	14.3	112	25.9	232	53.6	27	6.2
How to care for infants	110	25.4	122	28.2	180	41.6	21	4.8
AVERAGE		35.2						
Child Growth and Development								
What children should be able to learn at different ages	239	55.2	129	29.8	47	10.9	18	4.2
How to help children learn	304	70.2	82	18.9	31	7.2	16	3.7
How children's personality is formed	259	59.8	122	28.2	34	7.9	18	4.2
AVERAGE		61.7						
How to develop communication skills with children	320	73.9	89	20.6	20	4.6	4	.9
How to help children feel good about themselves	350	80.8	68	15.7	11	2.5	4	.9
How to help children see and accept their own feelings	332	76.7	83	19.2	14	3.2	4	.9
How to help children get along with family and friends	316	73.0	93	21.5	21	4.9	3	.7
AVERAGE		76.1						
Yourself as a parent								
How to cope with stresses of being a parent	269	62.1	133	30.7	27	6.2	4	.9
How to meet needs of all family members	228	52.7	171	39.5	31	7.2	3	.7

Topic	Want to learn more about topic: A Lot		A Little		Not at All		No Answer	
	#	%	#	%	#	%	#	%
How to handle frustrations with disobedient children	296	68.4	101	23.3	32	7.4	4	.9
How to have fun with children and build family ties	245	56.6	142	32.8	40	9.2	6	1.4
AVERAGE		59.9						
Child Management/ Discipline How to discipline children	204	47.1	177	40.9	45	10.4	7	1.6
How to teach children self-care skills (eg. dressing and feeding themselves)	104	24.0	191	44.1	127	29.3	11	2.5
How to teach children values and morals	233	53.8	143	33.0	48	11.1	9	2.1
AVERAGE		41.6						
Special Concerns How to help children deal with: - divorce	121	27.9	143	33.0	150	34.6	19	4.4
- remarriage	115	26.6	137	31.6	154	35.6	27	6.2
- death in the family	174	40.2	168	38.8	75	17.3	16	3.7
How to deal with children and talk to children about: - sex	215	49.7	154	35.6	58	13.4	6	1.4
- drugs	244	56.4	130	30.0	51	11.8	8	1.8
How to respond to the special needs of children with: - a handicap	115	26.6	173	40.0	131	30.3	14	3.2
- an emotional problem	195	45.0	159	36.7	68	15.7	11	2.5
- serious illness	150	34.6	173	42.0	94	21.7	16	3.7
How to deal with the unique problem of: - adoptive children	73	16.9	131	30.3	215	49.7	14	3.2
- foster children	65	15.0	123	28.4	230	53.1	15	3.5
- twins	45	10.4	119	27.5	248	57.3	21	4.8
How to deal with the unique challenge of being a single parent	111	25.6	117	27.0	180	41.6	25	5.8

Want to learn more about topic:

Topic	A Lot		A Little		Not at All		No Answer	
	#	%	#	%	#	%	#	%
How to be better parents to teenagers	237	54.7	131	30.3	55	12.7	10	2.3
How to help children learn and cope in school	259	59.8	128	29.6	32	7.4	14	3.2
How to be an advocate for the child	185	42.7	182	42.0	44	10.2	22	5.1

Table D-10: Importance of Educational Approaches, as Perceived by Agencies

Educational Approached	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
TV series on parenting	4	10.5	11	28.9	12	31.6	7	18.4	4	10.5
Library for parents	6	15.8	11	28.9	13	34.2	3	7.9	5	13.2
Reading material mailed to parents	4	10.5	10	26.3	14	36.8	2	5.3	8	21.1
Conference for parents	5	13.2	6	15.8	15	39.5	4	10.5	8	21.1
Lectures given by experts	4	10.5	10	26.3	14	36.8	4	10.5	6	15.8
Course on parenting using lectures/presentations and group discussions	2	5.3	2	5.3	18	47.4	14	36.8	2	5.3
Course using observation of children	0	-	12	31.6	16	42.1	7	18.4	3	7.9
Course using modelling of adult/child interaction	2	5.3	8	21.1	11	28.9	13	34.2	4	10.5
Individual instruction	5	13.2	6	15.8	15	39.5	7	18.4	5	13.2
Home visits	3	7.9	4	10.5	12	31.6	12	31.6	7	18.4
Parent self-help group (discussion group)	0	-	3	7.9	12	31.6	18	47.4	5	13.2

Table D-11: Importance of Educational Approaches as Perceived by Professionals

Educational Approach	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
TV series on parenting	4	5.1	18	23.1	28	35.9	22	28.2	6	7.7
Library for parents	10	12.8	28	35.9	19	24.4	13	16.7	8	10.3
Reading material mailed to parents	15	19.2	32	41.0	12	15.4	10	12.8	9	11.5
Conference for parents	6	7.7	17	21.8	31	39.7	15	19.2	9	11.5
Lectures given by experts	10	12.8	35	44.9	20	25.6	5	6.4	8	10.3
Course on parenting using lectures/presentations and group discussions	3	3.8	8	10.3	32	41.0	27	34.6	8	10.3
Course using observation of children	3	3.8	14	17.9	28	35.9	26	33.3	7	9.0
Course using modelling of adult/child interaction	1	1.3	11	14.1	26	33.3	30	38.5	10	12.8
Individual instruction	2	2.6	13	16.7	28	35.9	26	33.3	9	11.5
Home visits	0	-	9	11.5	29	37.2	32	41.0	8	10.3
Parent self-help group (discussion group)	0	-	3	3.8	20	25.6	48	61.5	7	9.0

Table D-12: Priority Educational Approaches Chosen by Agencies

Educational Approach	First Priority		Second Priority		Third Priority		1st, 2nd or 3rd Priority	
	#	%	#	%	#	%	#	%
TV series on parenting	6	15.8	3	7.9	3	7.9	12	31.6
Library for parents	0	-	1	2.6	0	-	1	2.6
Reading material mailed to parents	0	-	0	-	1	2.6	1	2.6
Conference for parents	3	7.9	1	2.6	2	5.3	6	15.8
Lectures given by experts	1	2.6	0	-	2	5.3	3	7.9
Course on parenting using lectures/ presentations and group discussions	8	21.0	6	15.8	7	18.4	21	55.3
Course using observation of children	1	2.6	5	13.2	1	2.6	7	18.4
Course using modelling of adult/ child interaction	6	15.8	1	2.6	3	7.9	10	26.3
Individual instruction	2	5.3	3	7.9	2	5.3	7	18.4
Home visits	3	7.9	4	10.5	2	5.3	9	23.7
Parent self-help group (discussion group)	5	13.2	10	26.3	7	18.4	22	57.9
No answer	3	7.9	4	10.5	8	21.0		

Table D-13: Priority Educational Approaches Chosen by Professionals

Educational Approaches	First Priority		Second Priority		Third Priority		1st, 2nd or 3rd Priority	
	#	%	#	%	#	%	#	%
TV series on parenting	16	20.5	6	7.7	3	3.8	25	32.0
Library for parents	0	-	2	2.6	4	5.1	6	7.7
Reading material mailed to parents	0	-	1	1.3	1	1.3	2	2.6
Conference for parents	1	1.3	1	1.3	2	2.6	4	5.2
Lectures given by experts	0	-	0	-	1	1.3	1	1.3
Course on parenting using lectures/ presentations and group discussions	13	16.7	4	5.1	5	6.4	22	28.2
Course using observation of children	1	1.3	4	5.1	1	1.3	6	7.7
Course using modelling of adult/ child interaction	6	7.7,	5	6.4	5	6.4	16	20.5
Individual instruction	6	7.7	4	5.1	2	2.6	12	15.4
Home visits	4	5.1	16	20.5	6	7.7	26	33.3
Parent self-help group (discussion group)	21	26.9	17	21.8	15	19.2	53	67.9
No answer	10	12.8	18	23.1	33	42.3		

Table D-14: Educational Approaches Preferred by Parents

Would like to use the approach:

Educational Approach	A Lot		A Little		Not at All		No Answer	
	#	%	#	%	#	%	#	%
Watching a TV series	123	28.4	196	45.3	99	22.9	15	3.5
Reading books, m magazines, or pamphlets from a library	146	33.7	218	50.3	59	13.6	10	2.3
Reading a magazine mailed to you	173	40.0	185	42.7	59	13.6	16	3.7
Attending a conference for parents	200	46.2	149	34.4	70	16.2	14	3.2
Going to a talk (lecture) given by an expert	208	48.0	147	33.9	67	15.5	11	2.5
Taking a course using lectures and group discussions	213	49.2	131	30.3	81	18.7	8	1.8
Taking a course where you learn by watching children	126	29.1	170	39.3	119	27.5	18	4.2
Taking a course where you learn by watching trained people care for and teach children	142	32.8	155	35.8	119	27.5	17	3.9
Taking a course where you are taught individually (rather than in a group)	89	20.6	158	36.5	164	37.9	22	5.1
Having a person visit your home and give advice	84	19.4	129	29.8	195	45.0	25	5.8
Talking with parents in group meetings	178	41.1	158	36.5	79	18.2	18	4.2

Table D-15: Importance of Transportation, as Perceived by Parents

Likelihood of Taking Course if Must Travel Outside Neighborhood	#	%
Very likely	156	36.0
Somewhat likely	160	37.0
Not likely	95	22.0

Table D-16: Importance of Child Care, as Perceived by Parents

Likelihood of Taking Course if Child Care not Provided	#	%
Very Likely	183	42.3
Somewhat Likely	133	30.7
Not Likely	90	20.8
No Answer	27	6.7

Table D-17: Fee Parents Are Willing To Pay

Fee	#	%
Under $5.00	63	14.5
$10.00	142	32.8
$25.00	114	26.3
$40.00	37	8.5
$55.00	8	1.8
Over $55.00	9	2.1
No Answer	60	13.9

Table D-18: Parents' Preferred Times for Parent Education

Times	#	%
Evening	234	54.0
Weekday	76	17.6
Weekend	29	6.7
Evening or Weekday	17	3.9
Any time	34	7.8
No Answer	43	9.9

Table D-19: Amount of Time Parents Would Like to Spend on Parent Education in the Next Six Months

Amount of Time	#	%
No Time	34	7.9
2 to 4 hours (one evening or part of a day)	130	30.0
5 to 8 hours (one day or two evenings)	86	19.9
9 to 16 hours (one weekend or a few partial days)	76	17.6
17 to 35 hours (3 hours every week for several weeks)	92	21.2
No answer	15	3.5

Table D-20: Importance of Additional Support Services for Parent Educators, as Perceived by Parent Education Agencies

Support Services	Not Important		Somewhat Important		Important		Essential		Don't Know	
	#	%	#	%	#	%	#	%	#	%
Resource material (books, manuals, films, etc.)	0	-	5	13.2	12	31.6	12	31.6	9	23.7
Training of leaders/parent educators	4	10.5	5	13.2	8	21.1	12	31.6	9	23.7
Conferences/ workshops for educators	0	-	7	18.4	13	34.2	9	23.7	9	23.7
Consultations re: planning and/or improving programs	1	2.6	3	7.9	13	34.2	9	23.7	12	31.6
Central source of information on conferences, workshops and new resources, etc.	1	2.6	6	15.8	11	28.9	10	26.3	10	26.3
Co-ordination with with other parent education services	1	2.6	5	13.2	9	23.7	8	21.1	15	39.5

Table D-21: Sources of Parenting Information/Advice Used by Parents

Frequency Used:

Source of Information/Advice	Many Times		A Few Times		Never		No Answer	
	#	%	#	%	#	%	#	%
Friends or Family	188	43.4	201	46.4	31	7.2	13	3.0
Family Doctor or Pediatrician	89	20.6	243	56.1	84	19.4	17	3.9
Library or Bookstore	81	18.7	162	37.4	163	37.6	27	6.2
Social Worker	49	11.3	80	18.5	271	62.6	33	7.6
Courses, Discussion Groups	45	10.4	132	30.5	228	52.7	28	6.5
Nurse	30	6.9	151	34.9	228	52.7	24	5.5
School Counsellor	29	6.7	129	29.8	249	57.5	26	6.0
Day Care Staff	23	5.3	62	14.3	314	72.5	34	7.9
Staff at a Family Agency	20	4.6	53	12.2	326	75.3	34	7.9
Church Personnel	14	3.2	86	19.9	302	69.7	31	7.2